

BUCKINGHAMSHIRE COUNTY COUNCIL



ANNUAL REPORT

of the

Medical Officer of Health

for the Year

1952

TABLE OF CONTENTS.

	PAGE
Special Survey of the Local Health Services	5
Section A.—Statistics and Social Conditions.	
General Statistics for the County	26
Section B.—National Health Service Act, 1946.	
General	26
Section 22—Care of Mothers and Young Children	27
„ 23—Midwives' Service	30
„ 24—Health Visiting	31
„ 25—Home Nursing	32
„ 26—Vaccination and Immunisation	32
„ 27—Ambulance Service	33
„ 28—Prevention of Illness—Care and After-Care	33
„ 29—Domestic Help Service	37
„ 51—Mental Health Service	38
Section C.—National Assistance Act, 1948.	
Section 21—Provision of Residential and Temporary Accommodation	38
„ 29 and 30—Welfare Services	39
Section D.—Sanitary Circumstances of the Area.	
Water Supply	42
Sewerage and Drainage	44
Housing	46
Section E.—Inspection and Supervision of Food.	
Food and Drugs	47
Food and Drugs—Milk and Dairies Regulations	47
Section F.—Prevalence of, and Control over, Infectious Disease	
Section G.—General.	
Local Government Act, 1933—Section III	49
Nurseries and Child Minders' Regulation Act	49
Registration of Nursing Homes	49
Section H.—Statistical Tables, etc.	
(a) List of Sanitary Authorities	50
(b) Registered Nursing Homes	50
(c) Child Welfare Centres	51
(d) Populations, Birth and Mortality Rates, 1952	53
(e) Comparative Tables of Birth, Death and Infant Mortality Rates for Ten-Year Period, 1943-52	54
(f) Causes of Death at Different Periods of Life—1952	55
(g) Notification of Infectious Diseases in Urban and Rural Districts	56
(h) Maternity and Child Welfare—Dental Treatment	57
(i) Ambulance Service	57

MR. CHAIRMAN, LADIES AND GENTLEMEN,

It is unnecessary to comment on this, my annual report for 1952, other than to explain why it appears in this unusual form. The report is in fact in two parts. The first part is a summary of the changes that have taken place since the 5th July, 1948, the date from which the National Health Service Act, 1946, became effective, together with comments on the effect of some of these changes. The second part is in the usual form but much abridged to avoid repetition. It is hoped that the cross references in the text will be sufficient to make the whole intelligible and reasonably easy to follow.

The first part was required by the Ministry of Health in this form for "stocktaking" purposes and the second fulfils the purposes of the ordinary annual report.

Steady, if unspectacular, progress has been made in most sections of the work of the Health Department, more particularly in rehabilitation of handicapped persons, the extension of mothers clubs and increased provision of relaxation exercises for expectant mothers. The Rest Home for Mothers and Babies at Wendover is of course an entirely new venture so far as we are concerned.

This progress does not just happen—it is due to the sympathetic appreciation of problems by members of the various Committees and the constant effort and interest of all members of the staff—field and clerical workers alike. We, in Buckinghamshire, do not share the view taken by some that there is really very little left for a public health department to do; there is much to be done and all of us, members and officers alike, are concerned to find the best way of doing it.

Finally, I must emphasise what is said elsewhere in this report about the value of our area Committees. If they have achieved nothing else, and I believe they have achieved much, they have helped to build up an extraordinary good relationship between the members and officers of the County Council and members of the District Councils. This seems to me to be of great value to a service which depends fundamentally on good personal relationships.

I have the honour to be,

Your obedient Servant,

G. W. H. TOWNSEND,

County Medical Officer.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY.

(a) Whole-time Officers of the County Council as at 31st December, 1952.

County Medical Officer of Health:

G. W. H. TOWNSEND, B.A., M.B., B.CH., D.P.H.

Deputy:

C. D. CORMAC, M.A., B.M., B.CH., D.P.H.

Senior Assistant for Maternity and Child Welfare:

HILDA M. DAVIS, M.D., CH.B., D.P.H.

Assistants:

M. A. CHARRETT, M.R.C.S., L.R.C.P., D.P.H.
(Also Medical Officer of Health Borough of Slough).

F. H. M. DUMMER, M.B., CH.B., D.P.H.
(Also Medical Officer of Health Urban District of Marlow and Rural District of Wycombe).

PATRICIA M. ELLIOTT, M.D., B.S. (LON.), D.OBST., R.C.O.G., D.P.H.

T. P. EVANS, M.R.C.S., L.R.C.P., D.P.H.
(Also Medical Officer of Health Urban Districts of Beaconsfield and Chesham, and Rural District of Amersham).

G. M. HOBBIN, B.Com., M.B., CH.B., D.P.H.
(Also Medical Officer of Health Urban District of Eton and Rural District of Eton).

MARY C. IM THURN, M.R.C.S., L.R.C.P., D.P.H.

A. J. MUIR, M.B., CH.B., B.HY., D.P.H.
(Also Medical Officer of Health Borough of High Wycombe).

A. W. PRINGLE, B.A., M.B., B.CH., B.A.O., D.P.H.

J. J. A. REID, B.Sc., M.B., CH.B., D.P.H.

J. C. RONALDSON, M.B., CH.B., D.P.H.

J. T. C. SIMS-ROBERTS, M.B., CH.B., D.P.H. (BARRISTER-AT-LAW)
(Also Medical Officer of Health Borough of Aylesbury and Rural Districts of Aylesbury and Winslow).

MARY G. TATE, M.D., B.S., D.C.H.

D. H. WALDRON, M.D., B.CH., B.A.O., D.P.H.
(Also Medical Officer of Health Borough of Buckingham, Urban Districts of Bletchley and Linslade, and Rural Districts of Buckingham and Wing).

County Assistance Officer:
R. A. HOGARTH.

County Health Inspector:
F. HARDING.

Senior Dental Surgeon:
E. KEW, L.D.S.

Supervisor of Midwives and Home Nurses:
MISS M. F. WEBB.

Superintendent Health Visitor:
MISS F. E. LILLYWHITE.

Senior County Almoner:
MISS J. M. HOWARD.

Senior Administrative Assistant:
E. L. EYRE.

Senior Occupational Therapist:
MISS F. B. SILK.

Area Medical Officers:

North Bucks Area Committee ... DR. D. H. WALDRON.

Wycombe Area Committee ... DR. A. J. MUIR.

South Bucks Area Committee ... DR. M. A. CHARRETT.

(b) Part-time Officers of the Authority and others discharging duties for the Authority.

County Consultant (diseases of the chest):

A. STEPHEN HALL, M.A., M.B., F.R.C.P.

Physicians (diseases of the chest):

Oxford Regional Hospital Board ... W. T. BERMINGHAM, B.A., M.B., B.CH.

... A. STEPHEN HALL, M.A., M.B., F.R.C.P.

... F. S. HAWKINS, M.D., F.R.C.P.

North West Metropolitan
Regional Hospital Board ... BRIAN C. THOMPSON, M.A., M.D.

Chief Inspector:

W. A. DAVENPORT, M.I.W.M.A.

Public Analyst:

ERIC VOELCKER, F.I.C., A.R.C.S.

BUCKINGHAMSHIRE COUNTY COUNCIL.

Annual Report of the County Medical Officer for the Year 1952

INCLUDING

A Special Survey of the Local Health Services provided under the National Health Service Acts

1. GENERAL.

The County Health Committee of the Bucks County Council have operated a system of decentralised management of certain of their local health services through area sub-committees since July, 1948. For this purpose the County is divided into four areas, each containing a population varying from 60,000 to 120,000. For each area there has been set up an area sub-committee of the County Health Committee comprising specified numbers of members of the Committee, representatives of county district councils and co-opted members selected through the County Nursing Association. In each case the representatives of the County Health Committee have a majority of one over the total of the other members of the sub-committee, and the constitution provides that either the chairman, or the vice-chairman of the sub-committee shall be a member of the Committee. Representatives of county district councils and of the County Nursing Association are nominated by those bodies for appointment by the County Health Committee; the number of representatives of county district councils varies from one to three according to the size of the authority, and the number selected through the County Nursing Association is two in the case of each sub-committee.

The County Health Committee has referred to the area sub-committees all matters relating to the local administration in their respective areas of the health services of the Committee, except those relating to mental health and ambulances. Each area sub-committee also has delegated power to exercise the functions of the Committee in respect of ordinary or routine matters connected with the services within their terms of reference and, for this purpose, power to incur expenditure within the approved estimates of the Committee.

Each area sub-committee has assigned to it an area medical officer who is one of the persons holding a combined post of county district medical officer and assistant county medical officer. Each area medical officer has the assistance of a clerk, or clerks, but, apart from this, the services concerned are administered by the central office staff of the County Medical Officer.

In this connection it is interesting to refer to the Annual Reports of the Medical Officer of Health, 1948—51, and the following extracts give an informative running commentary:—

1948.

“It is with a sense of relief that I present to you this annual report on the health services of Buckinghamshire for 1948. The ‘appointed day’ has passed and we have had half a year’s experience of the National Health Service and it is fair to say that the handing over of services and building up new ones has been much easier than might have been anticipated. The bodies with whom we have been associated most closely in this respect have been the North-West Metropolitan and the Oxford Regional Hospital Boards. Their co-operation has been magnificent; their officers and members have no doubt had their own troubles, but they have always been able to afford time and opportunity for discussion of common problems and I am glad to have this opportunity to place on record my appreciation of their approach to border line problems which presented real difficulties for both us and them.”

1949.

“As I said in the introduction to the annual report last year, it is now possible to see more clearly how the changes have affected our community and I think it is fair to say that our people have benefited by improvements in many services.

Despite much misgiving at its introduction, area administration has proved of benefit and is a great stimulus to local interest which is so important in an essentially personal service such as public health has become.”

1950.

“I have given a good deal of thought to our system of area administration during the year since it has become evident that it costs more than central administration from the County Offices. We have, in the three years that have elapsed since the pattern of the new health services became evident, taken considerable pains to evolve a system which allows area committees and their officers considerable freedom but does not encourage the building up of area staffs and officers. Our system is designed to enable the Health Committee to have the benefit of local advice from county and district councillors on matters which are largely personal and local, e.g. district nursing, maternity and child welfare, and this I believe it does.

I have, however, discovered another unexpected merit in this system, namely, that it encourages a definite team spirit between the members of the Committees and the officers. With a purely county administration the committee members are remote from the rank and file of the service who may in some cases be inclined to regard them as their natural enemies. Area administration, at least in Buckinghamshire, remedies this situation and members and officers confer at all levels outside committee. This development I regard as particularly helpful in a service such as ours which, to be effective, depends almost entirely on good personal relationships."

No comment is made on administration in the 1951 report.

2 CO-ORDINATION AND CO-OPERATION WITH OTHER PARTS OF THE NATIONAL HEALTH SERVICE.

In Buckinghamshire there has been no lack of good will and co-operation between the Regional Hospital Boards, the Executive Council and the Health Committee. There is considerable cross representation of members and the County Medical Officer and certain other members of the health staff sit on Committees or Sub-Committees of both the Board and Executive Council. Nevertheless while things have gone well since the appointed day it must be emphasised that this is in spite of rather than because of the effects of the Act. The fundamental weakness of the whole arrangement, and it is difficult to see how it can be avoided, is that satisfactory working particularly in respect of the County Council and the Hospital Boards depends entirely on good relationship between the members and perhaps more particularly the officers on both sides.

Co-ordination of services has improved steadily and the considerable overlapping, particularly in the maternity services, has been overcome.

On the inception of the National Health Service Act steps were taken to ensure that the medical, nursing and almoners services provided by the Council were made known to patients requiring assistance on discharge from hospital more particularly in the case of mothers having confinements in Hospitals or Maternity Homes, pre-school children and, to a lesser extent, adults. At many hospitals, almoners have a close personal contact with health visitors to ensure speedy decisions on the welfare of patients either before or after discharge.

Notification of discharge of patients from hospitals are received and follow-up visits made in appropriate cases by health visitors, particularly for children under five years of age. Notifications from maternity homes and hospitals of mothers discharged before the fourteenth day are followed-up by the district midwife. Notifications of the discharge of premature babies receive particular attention from the health visitor and an early visit is invariably paid. Health visitors are encouraged to visit both maternity and paediatric wards for consultation regarding after-care of infants due for discharge.

In the Aylesbury and Amersham areas, medical officers have taken advantage of an invitation to attend hospital rounds with the paediatrician and also clinical meetings held periodically at the Hospitals.

Visits have been made by paediatricians and house physicians to many of the Authority's child welfare centres and day nurseries and a paediatrician also visits residential nurseries in a consultative capacity, when required.

Case conferences have been held by members of the County Health Department to consider individual problem families. The general practitioners concerned have been invited and in some cases have attended.

Health visitors and medical officers in the County Council's service have given assistance in investigations instigated by specialists in the hospital services, such as the follow-up on the incidence of breast feeding from the maternity ward of one of the hospitals in the County, and also an enquiry into the incidence of haemangioma.

On the whole these arrangements are proving satisfactory, but could still be improved in some parts of the County. There will be, when staffing conditions permit, an extension of case conferences and area meetings between all concerned and continuous efforts will be made to maintain and improve individual contact and relationship between the Council's staff, hospital staffs and the general practitioners.

The orthopaedic clinics, established before 1948 by the Wingfield Morris Orthopaedic Hospital and the Council have been developed by the Hospitals and there is complete liaison between the two authorities for referring cases and their after care.

General practitioners are more particularly concerned with nursing in the home and here there has always been the closest personal contact with the district nurse/midwife.

More details of the actual working of these arrangements will be found in the various sections which follow.

Publicity.

During 1951 the preparation of a brochure giving information on the County Health Service was commenced and it was published early in 1952.

Copies have been circulated to all general practitioners, hospitals, nurses, public and voluntary bodies serving the County area and judging by the many favourable comments received the booklet is serving a very useful purpose.

Particulars of services, other than those provided by the County Council, such as Hospitals, Registered Nursing Homes, Mass Radiography, Blood Transfusion Service, Public Health Laboratory Service, Executive Council, local information on Ministry of Food Offices, National Insurance and National Assistance, Births and Deaths Registration, etc., were included as being particularly useful to doctors, health visitors and others concerned with public health and social work generally.

In order to keep the information as up to date as possible, the brochure is made up in loose leaf sections, which can be replaced entirely if necessary, and amendments and alterations are published each half year, or more often if circumstances necessitate.

3. JOINT USE OF STAFF.

Doctors in general practice are engaged on a sessional basis as medical officers of child welfare centres; four general practitioners undertake regular sessions and a further ten are available for locum duty. A general practitioner has also been engaged as visiting Medical Officer at the Council's Rest Home for Mothers and Babies.

At one ante-natal clinic directly administered by the County Council the services of a Consultant are provided by the Regional Hospital Board.

Chest Clinics.

The services of three Chest Physicians of Consultant status are available in the County and all are employed jointly by the Regional Hospital Board and the County Council, the Local Health Authority being responsible for three-elevenths of the cost.

Arrangements have also been made for the ancillary staff at the Chest Clinics to be employed jointly and for the cost to be apportioned on an agreed basis between the Hospital Authorities and the County Council.

4. VOLUNTARY ORGANISATIONS.

Buckinghamshire has always been in the happy position of having the help of various voluntary bodies to augment and indeed in earlier days, actually to provide entirely, certain services of vital importance to the community and although the modern trend is for central or local government to undertake this burden there are still many ways in which voluntary help is of the greatest assistance.

It would be invidious to pick out any particular voluntary service which has had to suffer great change, but one cannot pass over the work carried out by the Women's Voluntary Services, the District Nursing Association, St. John Ambulance Brigade, British Red Cross Society, Bucks Voluntary Associations for the Blind and Mental Welfare, the Moral Welfare Societies and the many willing bands of voluntary helpers at Child Welfare Centres throughout the County.

Most of these bodies continue to give most valuable assistance in their various spheres of activity and have combined most effectively with the administration statutorily provided by the County Council under the National Health Service Acts.

The Ambulance Service is still run in conjunction with the St. John Ambulance Brigade and the British Red Cross Society and the Women's Voluntary Service administer the Hospital Car Service; the Bucks Voluntary Association for the care of the Mentally Defective provides for tuition and welfare of cases of their particular concern in their homes; the Oxford Diocesan Council for Moral Welfare is particularly active on our behalf in their special field of interest. The Women's Voluntary Service have also given invaluable help in the administration of the Domestic Help Service particularly in rural areas and the District Nursing Associations continue to function in many parts of the County by providing more personal help in their immediate neighbourhoods.

Welfare of the Blind, Deaf and Dumb and Handicapped Persons has always been the particular province of Voluntary Bodies and the Bucks Association for the Blind and the Oxford Diocesan Council for the Deaf and Dumb continue their activities on behalf of the Council, although their particular type of case comes within the Scheme set up under the provisions of the National Assistance Act. Under this Act also the Buckinghamshire Old People's Welfare Committee provides accommodation for old people at two homes in the County.

The Hon. Secretaries of the Associations for the Blind, Mentally Defective and Old People's Welfare Committee are also on the staff of the Council and in this way complete co-ordination of voluntary and official activities is maintained.

More details of the work of these bodies will be found in the reports on various sections which follow.

5. CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE.

As most of the services mentioned below were already in being before July, 1948, the period under review has been one of consolidation and improvement of existing arrangements rather than of innovation. The progress made will be seen from the comments under the various headings.

In July, 1948, the day to day administration of child welfare centres, day nurseries and the home nursing and midwifery services was delegated to four Area Sub-Committees of the County Health Committee, an arrangement which has proved satisfactory in maintaining local interest and ensuring co-operation with other branches of the National Health Service.

In 1948 the Maternity and Child Welfare services of the Borough of High Wycombe became the responsibility of the County Council, who also assumed full administrative and financial responsibility for the Child Welfare Centres. Many of the latter had been administered previously by Voluntary Committees, who received an annual grant and provision of professional staff by the County Council. Most of these Voluntary Committees are still in being and assist considerably in the local management of the Child Welfare Centres. During the four years under review the Child Welfare Centre Service has been further developed as described below, mainly in the direction of increased sessions, expansion of the health education programme, and improvement of premises and equipment. Future plans include an expansion of the Mobile Child Welfare Centre programme in rural areas, and, as conditions permit, improvement in premises.

There is still room for improvement in ante-natal care in the domiciliary midwifery service, especially in the way of increased co-operation with general practitioners and facilities for blood grouping and testing.

Expectant and nursing mothers.

Until early in 1951 ante-natal clinics attended by a specialist, assisted by a County Council Medical Officer, were held in the County Council premises at Aylesbury and Chesham for the examination and classification of maternity patients, who subsequently were booked for hospital delivery or were referred to their general practitioner for domiciliary confinement. These two clinics have now been closed and the work transferred to the ante-natal clinics at the Royal Buckinghamshire Hospital and Amersham General Hospital.

Ante-natal and post-natal care is provided at High Wycombe Health Centre by a specialist and midwives, for mothers booked at the local Maternity Home and for domiciliary confinement. Midwives' ante-natal clinics for booked domiciliary cases are held at Slough and Aylesbury, from which patients are referred to their general practitioner for routine obstetric examination. In the remainder of the County, district midwives carry out ante-natal care in their own or the patient's home. Midwives usually get in touch with the general practitioner and come to his surgery with maternity patients due for examination, but a few general practitioners do not consider this necessary.

Approximately 32% of the total births in the County are now attended by midwives in the County Domiciliary Midwifery Service, whereas in 1947 the figure was 38.5%. This decrease in the number of domiciliary confinements is attributable to the improved facilities in the provision of maternity beds under the National Health Service or to the fact that it is cheaper and more convenient for a woman to have her baby in an institution.

Blood testing facilities are available to general practitioners in the South Bucks Area and in High Wycombe; in the remainder of the County some general practitioners make use of the facilities available at the hospital ante-natal clinics.

The majority of unmarried mothers receive ante-natal care through the normal hospital or domiciliary maternity services; approximately one-fifth (53 of the total of 253 illegitimate births in 1951) are dealt with under the County Council's Moral Welfare Scheme and admitted to Mother and Baby Homes.

Mothercraft training, on both the individual and group basis is carried out by midwives and health visitors; classes for ante-natal mothers for relaxation and preparation for child-birth are being extended throughout the County. Details are given in the section on Health Education.

Maternity outfits, which prior to July, 1948, were sold at cost price by midwives to their patients, are now obtained wholesale and despatched from the Departmental Stores to midwives throughout the County for issue without charge to patients booked for a domiciliary confinement under the National Health Service.

Child Welfare.

The County is now covered by 96 fixed Child Welfare Centres, and a mobile centre which visits 30 villages in the rural north of the County. Of the 96 fixed Centres, 28 are situated in urban areas and 68 in villages, two of the latter being held in civilian camp sites; in addition, two voluntary centres have been established for mothers and children living in married quarters at R.A.F. camps and these are attended by a County Health Visitor. Since March, 1951, toddlers' sessions have been established at six of the urban Welfare Centres; the mothers, who come by appointment with their older pre-school children, are finding these valuable. During the past four years there has been little increase in the total number of fixed Child Welfare Centres, but certain changes in the situation of Centres have been made following shifts in population and there has been a substantial increase in the number of sessions held at existing centres. The number of attendances of mothers with their children under school age remains high, and shows a slight relative increase over the period immediately prior to the introduction of the National Health Service. The percentage of new babies under the age of one year who attend Welfare Centres, related to the total live births in the County for the year, is now seventy, whereas in 1947 the figure was sixty-four. Since 1948 there has been a steady improvement in the equipment at Welfare Centres, though the premises in which many of them are held remain far from satisfactory. In some rural parts of the County transport is provided to convey mothers to the nearest available child welfare centre from some of the more inaccessible villages where no public transport is available.

The Health Education Programme for Child Welfare Centres and the development of the associated Mothers' Clubs, are described in the section on Health Education.

Voluntary Committees at Child Welfare Centres have remained active since 1948 and maintain their keen interest in co-operating with the Council's staff. Their duties include record keeping, distribution of Welfare Foods and vitamin preparations and organisation of the social side of the work in the Centres, thus ensuring that Health Visitors are free to carry on their professional duties.

The Mobile Child Welfare Centre service in the north of the County has been extended during 1952. The trailer van, in use since 1946, was replaced in April by a trailer caravan specially equipped and adapted to provide three compartments, a waiting-room and separate sections for the Health Visitor and Medical Officer. This unit now makes monthly visits to 30 villages during ten half-day sessions, and as waiting accommodation is included, it has been possible to dispense with the hiring of premises for this purpose in each village visited. The mothers in isolated villages, who in the past were unable to attend Welfare Centres, or who had to be transported for long distances, have expressed their appreciation of the new service.

No consultant clinics are held in connection with Child Welfare Centres, and children requiring treatment are referred to their general practitioner by letter or personal contact by the Medical Officer.

Care of Premature Infants.

Information relating to premature infants born at home is supplied by doctors and midwives when completing the birth notification, and midwives are required to seek immediate advice and any necessary assistance from the County Supervisor. A home visit is usually made by the Supervisor or one of her assistants, accompanied by the midwife responsible for the case. Three portable heated cots and an infant oxygen tent are available for use in nursing premature infants born at home. Record of progress and survival are maintained for all premature infants born at home and in private nursing homes, and close liaison is maintained between midwives and health visitors responsible for visiting infants in their homes, and with the general practitioner, who in many cases calls in the consultant paediatrician for the area.

Liaison is also maintained by the Health Visitor with the Maternity Departments of Hospitals, and with Maternity Homes, in order that she may be informed of the discharge of premature infants and of any special care needed. Where necessary a report on home conditions is supplied to the Hospital, and arrangements made for help to the mother under the Domestic Help Scheme.

Supply of Dried Milks, etc.

Except in towns where the local Food Office is readily accessible, arrangements are made for the sale of welfare goods at Child Welfare Centres. In each case members of the Voluntary Committee of the Child Welfare Centre are responsible for receiving and distributing welfare foods in co-operation with the staff of the local branch of the Ministry of Food.

Certain other dried milks and nutriments, as ordered by the Medical Officer of a Child Welfare Centre, are obtained and sold to the mothers by members of the Voluntary Committee of the Welfare Centre. One brand of dried milk is supplied to fifteen Welfare Centres through the Department's Central Store, under an arrangement of long standing, and sold to mothers by members of the Voluntary Committee.

A few Vitamin preparations and nutriments are supplied free of charge through the Departmental Stores on order from the Medical Officer of the Child Welfare Centre; these are distributed under the supervision of the Health Visitor.

The following table of statistics gives the attendances of children at Child Welfare Centres during the last four years compared with the number of live births during the same period, and illustrates that the number of children attending has been well maintained in the face of a decreasing birth rate:—

	1949.	1950.	1951.	1952.
Number of Live Births	6,352	5,968	5,895	5,989
Number of children who first attended during year and who at first attendance were:—				
(a) Under one year of age	4,627	4,185	4,183	4,179
(b) Between one and five years	579	481	466	442
Number of children in attendance at end of year who were then:—				
(a) Under one year of age	3,988	3,479	3,611	3,729
(b) Between one and five years	6,913	6,506	6,517	6,336

Dental Care.

The shortage of County Dental Officers only allows for dental care to be provided for expectant and nursing mothers, and children under the age of five years, at one Centre (High Wycombe). In the remainder of the County this dental care is provided through the private dental practitioner service under the Act.

When an increase in the number of County Dental Officers is possible, it is hoped to implement the original scheme proposed and approved under the National Health Service Act, 1946, whereby dental inspections will be carried out for mothers and children attending Child Welfare Centres and ante-natal clinics, with referral for treatment at the County Dental Clinics.

The Dental Service Scheme for the Care of Mothers and Young Children was based on the extension of the then existing arrangements for dental inspection and treatment of school children which in 1947 was carried out by ten whole-time and one part-time dental surgeons.

It provided for the inspection of young children either at infant welfare centres or schools and for treatment required to be given at the fixed clinics.

Expectant and nursing mothers referred from ante-natal clinics, child welfare centres, etc., would be treated at fixed clinics and whilst particular attention would be given to conservative treatment, dentures would be provided where necessary.

To enable this to be done it was intended to appoint three additional dental surgeons in the first instance although it was anticipated that a further four such officers would eventually be necessary if all mothers and young children were to be given the opportunity of regular inspection and treatment as was proposed.

Unfortunately it was found impossible to recruit the necessary staff to implement these proposals and in 1949 only seven whole-time and two part-time dental surgeons were available to deal with all cases. Of these, one was undertaking part-time work on mothers and young children and she resigned in 1951.

This position did not improve until 1952 when by the end of the year the number employed was eight whole-time and three part-time, but it has not yet been found possible to offer treatment to all those who might be referred from centres, most of whom are attending private dentists.

The numbers treated during the period under review are as follows:—

	Examined.		Needing Treatment.		Treated.		Made Dentally Fit.	
	Mothers.	Children.	Mothers.	Children.	Mothers.	Children.	Mothers.	Children.
1949 ...	70	103	58	88	58	86	45	77
1950 ...	65	79	65	79	65	79	48	75
1951 ...	4	33	4	32	2	32	—	26
1952 ...	2	43	2	42	3	42	3	38

Day Nurseries.

Accommodation is provided for 170 children at the four Day Nurseries in the County—one each at Aylesbury and High Wycombe and two at Slough. A system of priority admissions for certain classes is in force, and the need for this provision is still apparent.

All four of the Nurseries are recognised as training schools for the National Nursery Examination Board certificates, and an average of six students complete their training and take the examination each year.

Convalescent Care.

This is arranged for children under the age of five years as the occasion arises, the children concerned being sent to Convalescent Homes under the auspices of Voluntary Societies.

Winterton House.

In July, 1952, a Rest Home for Mothers and Babies was opened in Wendover. It provides convalescent care for mothers after confinement or illness, and assistance for mothers whose infants have been born prematurely or who present difficulties in feeding or management. The matron is a Health Visitor, experienced in mothercraft teaching, and the help given to the mothers who have already been in residence has proved the value of this Home.

The house, which was formerly a vicarage, has been altered and adapted to provide accommodation for ten mothers and their babies; the old kitchen premises have been converted into a mothercraft training unit, and plans are in hand for its use as a teaching centre. The local midwife holds a weekly ante-natal class here, for relaxation exercises and mothercraft discussions, for mothers booked for domiciliary confinement.

Infant Deaths.

In 1949 an investigation into stillbirths and the deaths of infants under the age of one year was commenced and a detailed report was included in my Annual Report for the year 1949. The investigation has continued since 1949 and further comments were included in my Reports for the years 1950 and 1951.

6. DOMICILIARY MIDWIFERY.

HOME NURSING.

Prior to July, 1948, the domiciliary nursing service since 1909 had been administered by the County Nursing Association. Small local associations were formed and subsequent to the Public Health Act of 1936 the whole county was covered with a domiciliary nursing and midwifery service. Generous grants were given by the County Council in respect of the midwifery service and transport costs and in some instances health visiting and school nursing work. The local association was responsible for finding accommodation for the nurse and a few owned the house in which she lived and now rent it to the County Council. The majority of local associations have however now ceased to function but many appointed a representative who is willing to be approached if local advisory help is required and the voluntary and local interest has thus to some extent been maintained. In addition the County Council allocated two seats on each of the four Area Sub-Committees to representatives of the County Nursing Association and nominations are submitted annually. The County Nursing Association retains a small Executive Committee to administer a welfare fund from which financial help is given to former District Nurses whose retirement pension is known to be inadequate.

At the time the National Health Service Act was implemented 110 district nurses and midwives were employed in the County. All the staff were transferred to the service of the County Council. A national salary scale was in force but conditions of service varied considerably in different parts of the County and in many instances were dependent upon the goodwill and the financial position of the local employing association. A reciprocal off-duty system was in force whereby staff on adjoining districts undertook routine relief duty for each other where possible and often for holiday duty. This system has many obvious disadvantages and in 1951 a scheme was approved by the County Council whereby the appointment of one full-time relief nurse was authorised for every six full-time nurses. This Scheme is being brought into effect as and when local conditions permit. An increase has been made in the number of relief staff and more nurses are thus able to have holidays without having to undertake a period of double duty. The total number of full-time staff employed as at 31st December, 1952, is 121. The area for which the nurse was responsible was previously governed in most cases by parochial boundaries. A re-organisation scheme for the whole County has been approved and the area to be covered is now determined on a population and geographical basis.

Under this scheme the nurse-population ratio varies according to the type of work undertaken and is as follows:—

Rural Areas.

Midwifery, general nursing and health visiting duties	1 nurse-midwife to 2,000—2,500 of population.
Midwifery and general nursing only	1 nurse-midwife to 2,500—4,000 of population.

Urban Areas.

General nursing	1 nurse to 6,000—8,000 of population.
Midwifery	1 midwife for each group of 66 cases per annum.

On the basis suggested above, the number of staff to be employed (including relief staff) will be approximately as follows:—

Rural areas	98 nurse midwives.
Urban areas	28 midwives.
	34 nurses.

The figure will be subject to review and in view of the decrease in the number of domiciliary confinements it seems probable that fewer midwives will be required.

7. HEALTH VISITING.

In 1948 the Council's policy of 1946 was being implemented and a whole-time health visiting service was in process of replacing a service carried out in part by District Nurses and in part by a limited number of full-time health visitors.

In early 1948 there were nineteen whole-time health visitors, and sixty-nine District Nurses (of whom thirteen held the Health Visitor's Certificate) gave part-time service.

At the end of December, 1952, the health visiting staff was as follows:—

Superintendent Health Visitor	1.
Deputy Superintendent Health Visitor	1.
Area Superintendent Health Visitors	2.
Senior Health Visitors for Health Education	2.
Full-time Health Visitors	35.
Part-time Health Visitors	3.
Part-time District Nurse/Health Visitors	51.
Tuberculosis Clinic Sisters	2.
Student Health Visitors in training at approved training centres	6.

Of the fifty-one District Nurse/Health Visitors, thirty hold the Health Visitor's certificate.

The Tuberculosis Clinic Sisters are engaged in technical nursing duties only.

In 1948 six Health Visitors were transferred to County Council staff from High Wycombe Borough. Care was taken to develop good personal relationships and the new administration proved acceptable to the staff concerned. In 1952 an Area Superintendent Health Visitor was appointed responsible for "day to day" supervision of High Wycombe and the administrative area of the County of which the Borough is the focal point. This appointment has proved highly successful and useful, due in large measure to goodwill and the personality of the appointee.

With the expansion of the work of the Health Visitor and the increased number employed on a whole-time basis it has been amply demonstrated that the need exists for a whole-time service, though it will be expedient for some time to come to use the District Nurse/Health Visitor in some rural areas of scattered population.

All whole-time Health Visitors include in their duties school nursing, tuberculosis visiting, care of the aged, etc.

Recruitment.

Recruitment to the service during the last four years has been disappointing and it becomes increasingly difficult to do much more than offset loss due to marriage, retirement and resignation. In 1949 the assisted training scheme for Health Visitors was reviewed and six suitably qualified students are appointed yearly.

Students are required to undertake training at an approved training centre followed by eighteen months service within the County. Training Centres are selected by the County Council and all tuition and examination fees are paid. The student receives a grant during the training period equivalent to three-quarters of the minimum National Salary Scale for Health Visitors. Allocation of vacancies as between applicants seeking whole-time employment and District Nurses wishing to obtain the Health Visitor's Certificate is adjusted according to need. In 1949 four District Nurses and two whole-time Health Visitors were trained. In 1952 two District Nurses and four whole-time Student Health Visitors were undergoing training.

It is to be recorded with regret that applicants for training are so few that it is impossible to maintain wholly the high standard of education and personality that is desirable.

Staff Education.

Each Health Visitor attends a recognised post-certificate refresher course at intervals of 4 or 5 years. In addition, upon request, Health Visitors have been sent to refresher courses on specialised subjects such as tuberculosis, mental health, teaching techniques, health education, and relaxation exercises for expectant mothers. Courses arranged by the Central Council for Health Education have been held within the County and attended by all Health Visitors.

Delegates are sent to the annual Maternity and Child Welfare Conference and leave of absence is given to attend professional conferences from time to time.

As a member of the General Nursing Council and of the Area Nurse Training Committee of the Oxford Regional Hospital Board, the Superintendent Health Visitor is given leave to attend meetings of these bodies.

Care of Mothers and Young Children.

(a) Home Visits.

Although the demands of all age groups presenting problems make serious inroads on the time and skill of the Health Visitors, the guidance in their own homes of the expectant mother and the mother with young children is still regarded as of first importance.

Health Visitors visit all expectant mothers seeking maternity bed accommodation on social grounds, make recommendations, and re-visit as required.

Routine visiting of all children under five at frequent and regular intervals has receded further and further into the background since 1948, but every notified birth is still visited. Concentrated visiting and advice is given on a "selection" basis, the selection of necessity depending on the Health Visitor's assessment of the family need. Routine revisiting is carried out as often as possible and its frequency depends on many factors, including occupation, wage-earning, education of the population of the area and the demands of "special visits" and the case load carried by the Health Visitor.

(b) Child Welfare Centres.

Child Welfare Centres continue to be an essential complement of home teaching and every effort is made to develop them as teaching units, opportunity for mothers to find personal consultation with doctor or health visitor, and centres for regular preventive medical examinations.

Care of the Aged.

Health Visitors in this County have always regarded the family as the unit for health teaching and have given advice on how to meet the needs of old people by adjustment within the family circle or referral to local social agencies.

Since 1948 attention has been focussed on the increasing problem of the aged—particularly those living alone. A special effort was made in 1951 by each Health Visitor to ascertain the number of old folk in her area, to meet any immediate need and to assess needs of the foreseeable future. The guiding principle is to endeavour to keep old people in their own homes and make use of available services towards this end, e.g. District Nurses, Home Helps, Meals on Wheels, neighbours, good deeds, family responsibilities. Every Health Visitor reports that she could well develop the service in this field but only at the expense of other aspects of her work of equal and even greater importance.

Tuberculosis.

The work of the Health Visitors within the tuberculosis service has been reorientated during the past four years. Case work to meet the patient's material needs and plans for rehabilitation have been handed over to the County Almoners, leaving the Health Visitor more time to guide the family into any needed new way of life, to teach prevention and give moral support.

The technical nursing duties that have developed in the Chest Clinics are now undertaken by Clinic Sisters in the four largest Clinics in the County. Health Visitors still provide nursing personnel for the smaller clinics. Chest Physicians have expressed appreciation of the high percentage of contacts presented for examination.

Co-operation.

Excellent personal relationships exist between all community workers in the County, and it is a pleasure to record harmonious working of health visitors with staffs of schools, N.S.P.C.C. Inspectors, Probation Officers, Moral Welfare Workers, Housing Managers, Home Help Organisers, and other workers of local voluntary social agencies.

Since 1948 Health Visitors have been urged to seek personal contact and consultation with General Practitioners in their areas and have willingly made efforts to do so. Most General Practitioners are aware of the Health Visitor working among their patients and many freely make use of her services and refer problems to her.

Formal channels of notification have been established with hospitals for follow-up of discharged patients, but in addition a close personal co-operation has developed between Health Visitors and Hospital Almoners and Ward Sisters.

Until 1952 Health Visitors have undertaken the duties of Child Life Protection and the supervision of prospective adopting parents on behalf of the Children's Department. This has led to friendly liaison and understanding with Children's Visitors.

Research.

Increasingly since 1948, Health Visitors have each year taken part in research projects, both in local experiments—particularly some relating to Tuberculosis—and as part of National investigations. New projects in 1952 included a family contact follow-up of school children found mantoux positive during a mass radiography survey in High Wycombe, and in Slough contributions to the Tuberculosis Vaccine Clinical Trials and the Infant Morbidity Survey.

Much of the work is time consuming and much of it demands evening visiting when fathers or working adolescents have to be interviewed.

It is essential that the Health Visitor fully understands the object of the enquiry and is consulted as to her best means of achieving the required result or information.

Publicity and Hospitality.

During the last four years the Health Visiting staff have provided material and given demonstrations of their work for a B.B.C. Broadcast and for a special article in a well known Woman's magazine. Public Health nurses guided by World Health Organisation, the British Council, the Ministry of Health, the Royal College of Nursing, and the Women Public Health Officers Association have from time to time been shown the services of the County Health Department and entertained in their homes by members of the Health Visiting staff.

8. VACCINATION AND IMMUNISATION.

By the year 1948 it had become apparent that the provisions of the Vaccination Acts, whereby vaccinations were performed by a Public Vaccinator, had become out-dated, and the large majority of parents completed the statutory declaration of objection rather than have the bother of taking their child to a doctor often unknown to them. The danger of diphtheria is much more apparent to parents than the more remote chance of an epidemic of small pox, and in consequence some parents who are quite ready to accept the advantages of immunisation for their children resolutely refuse to have them vaccinated.

However, since the system of undertaking vaccination was changed by the National Health Service Act, the situation has shown a steady improvement, and in 1951 a total of 3,091 primary vaccinations were carried out as against 1,798 in 1947, which was the last complete year prior to the repeal of the Vaccination Acts. This improvement has undoubtedly been due in some measure to the fact that parents appreciate the convenience of being able to arrange for the vaccination of their children simply by making an appointment with their family doctor. In this County vaccination is not undertaken at child welfare centres, and it is not envisaged that such a course will be necessary except in the event of an epidemic of smallpox.

The percentage of children immunised is also well maintained from year to year, and this, coupled with the improvement in the vaccination state, has been due in no small measure to the considerable amount of useful work done by health visitors in keeping continually before parents the advantages of vaccination and immunisation, both when they are carrying out home visits and on the attendance of mothers and babies at child welfare centres. This personal approach to parents has been found to be more productive of results than other more remote forms of propaganda.

Parents may choose to have their children immunised either at the local child welfare centre or by arranging an appointment with their own family doctor. The advantage of a "boosting" dose before the child enters school is also impressed upon parents by the health visitor, both on home visiting and at child welfare centres, and the parents of any children not so protected are again approached when the medical examination as a school entrant is due.

Very few children are now immunised against whooping cough alone, but the majority of immunisations carried out at child welfare centres consist of the combined immunisation against diphtheria and whooping cough, which is usually commenced when the child is about six months of age. The issue by this authority of the prophylactic for carrying out the whooping cough or combined immunisation is restricted for use at child welfare centres only, but general practitioners requiring such prophylactic for their own use can obtain supplies from chemists by means of a prescription under the national health service.

9. AMBULANCE SERVICE.

The statement in the Council's proposals that "The Authority will provide an Ambulance Service for the whole of the County" meant something entirely new in the functions undertaken by the County Health Department.

The review of the existing facilities in the County showed that only one local authority provided an ambulance, four were provided by Joint Hospital Boards for infectious diseases only, whilst thirty-three were giving general service under the auspices of either the British Red Cross Society or the St. John Ambulance Brigade. These were spread over fifteen stations, the largest being Slough with seven vehicles, High Wycombe had six, Aylesbury five and the remainder one or two only.

There were ten different types of vehicles, the ages of which varied from twenty-two to two years, practically all being of pre-war vintage or ex-W.D. models converted for use to civilian ambulances.

Sixteen whole-time paid personnel were employed, assisted by some eight hundred volunteers giving part-time service.

During the year 1947, the St. John Ambulance Brigade carried 11,495 patients and travelled 237,771 miles with 31 vehicles.

Through the agencies of the Women's Voluntary Service and the British Red Cross Society, Hospital Car Service vehicles supplied and driven on a voluntary basis were also used for conveying patients to Hospitals, etc.

The Council's first Proposals for an Ambulance Service for the whole County were implemented through the agency of the Order of St. John and the British Red Cross Society at fifteen stations already in being and two new ones to be provided. It was estimated that thirty-five ambulances would be necessary with 39 whole-time personnel who would be assisted by volunteers. Provision was also made to augment this service with twelve to nineteen sitting case cars, when supplies were available, to be attached to ambulance stations, in addition to the Hospital Car Service arrangements which were to continue on the same conditions as before the Appointed Day. Infectious diseases were to be coped with by the ambulances already attached to the four infectious disease hospitals in the County (Aylesbury, Linslade, Booker and Cippenham).

In anticipation of the needs of the Service, five new ambulances were ordered early in 1948 and delivery of these started in December of that year.

Existing Ambulance Stations continued to be used either by taking over the tenancies or by arrangement with the St. John Ambulance Brigade for the use of premises owned by them.

Experience soon showed that the increased demand on the Service could only be met by more efficient co-ordination of the various individual units operating over the whole County which had been originally provided more by local voluntary enthusiasm than by relation to the needs of any particular area, or the County as a whole.

As a result the Proposals were amended in 1949 to provide for the closure of one single vehicle station and to allow for a policy of establishing large ambulance stations at convenient centres with day and night staff.

At this time the Hospital Boards were also re-organising with the result that the Infectious Diseases Hospitals at Linslade, Booker and Cippenham were closed, the ambulances attached to two of them were taken over by the Council, and conveyance of cases of infectious diseases in those areas dealt with by the general ambulance service. A similar re-arrangement followed at Aylesbury in January, 1952.

It was now found possible to obtain further new vehicles and orders were placed for Commer-Karrier and Bedfords, delivery of which commenced during the year 1949. Replacements continued regularly over the ensuing years, Bedfords being found most suitable to our needs.

In 1950 further modifications to the Scheme were approved by the Minister of Health and these provided for the establishment of four main stations, two subsidiary stations, and three volunteer stations.

The main and subsidiary stations were to give a full 24-hour service, manned by whole-time personnel with voluntary assistance at nights and week-ends.

The Volunteer stations were to be manned entirely by volunteer personnel and undertook selected periods of duty only.

To provide for sitting cases more economically, and the supply position being easier, it was decided to have sitting-case cars at all ambulance stations. Delivery of these commenced in April, 1950, and has continued until there are now 12 Austin Taxi type saloon cars operating over the whole County.

The distribution of stations remains substantially the same at the present time. One further major alteration in 1951 made a change in the agency arrangements whereby the County Council "with the co-operation where necessary of the Order of St. John and British Red Cross Society on an agency basis will continue to provide an ambulance service for the whole county . . ." and whole-time staff were transferred to direct employment by the Council.

In 1952 the establishment of vehicles and whole-time staff was again reviewed in the light of further experience gained in the demand on the service and the gradual reduction in the amount of voluntary assistance given.

The decision to instal a system of central radio control for all vehicles was also borne in mind and the following establishment was finally approved by the Minister of Health:—

No. of Ambulances.	No. of Sitting Case Cars.	Whole-time Personnel.	
		Station Officers.	Driver/Attendants.
34	15	4	79

With a view to further economy in conveying sitting cases, two 14 seater coaches were purchased and put into use early in the year. They have undoubtedly proved to be successful, especially in the north of the County where hospital out-patient facilities are so scarce.

Throughout the whole period the mechanical maintenance of vehicles has been the responsibility of the County Transport Officer, the work being done in various commercial garages throughout the County.

The table at the end of the report gives a summary of the work during the years 1949—1952.

Efforts to ensure proper and economical use of the service have been made during the whole period covered by this review by meetings with officers of Hospital Management Committees, circulars to general medical practitioners and others with authority to call on the service. Whilst a willingness to co-operate has been expressed by all concerned this is not reflected in the growth of the demand shown in the table. There is no doubt, however, that more and better facilities for treatment at Hospitals and clinics as a result of the National Health Service Act has been the cause of a great deal of the increase. Another factor which influences the position in this County is that practically all the specialised Hospitals are situated outside the County, particularly the southern part covered by the North-West Metropolitan Regional Hospital Board with its major Hospitals in the London areas. In the north of the County there is no hospital with out-patient or clinic facilities with the result that patients have to be transported to Northampton, Oxford or Aylesbury, distances of up to 25 miles.

This has also meant that this County is responsible for paying for the return journeys of a greater number of patients than are carried for other authorities under the National Health Service (Amendment) Act, 1949.

Mutual arrangements have been made with neighbouring authorities for accident cases to be dealt with by the nearest available ambulance. A special arrangement with Bedfordshire provides that we cover the Leighton Buzzard area for all cases, payment for this service being based on the actual ascertained cost per mile.

		Ambulances.		Sitting Case Cars.		Hospital Car Service.	
		Patients.	Miles.	Patients.	Miles.	Patients.	Miles.
1949	... ..	30,905	472,953	831	16,420	32,993	597,832.
1950	... ..	32,502	475,441	7,917	120,921	29,159	632,291.
1951	... ..	39,656	485,508	18,489	229,879	30,452	607,019.
1952	... ..	48,006	530,373	26,952	301,405	28,685	547,189.

10. PREVENTION, CARE AND AFTER-CARE.

At the inception of the National Health Service in July, 1948, the Council was providing a care and after care service for tuberculosis patients with an establishment of three full-time almoners, who had also previously been responsible for administering the maintenance allowances under Memorandum 266/T. Since the appointed day, the Council's almoners, now four in number, have continued to work at the chest clinics as members of the clinic team and with the removal of administrative duties have been available for full-time social work. This policy of linking the treatment and care side of tuberculosis work in the clinics has been well justified as a personal service of this kind is dependent for its effectiveness on day to day contact with the other staff concerned. In 1951 when the Chest Clinic for the Slough area was moved to Windsor, the County Almoner was also made available for part-time duties with Berkshire County Council among Berkshire patients attending that clinic.

At the same time this service has gradually been extended to include patients with other illnesses, particularly the long term homebound. This side of the work has seen a steady increase, patients being referred mainly by hospitals or by their own doctors. The majority of patients have apparently needed short term or occasional help only, but there is a core of patients with severe disabilities or who are badly adjusted to their environment, who need concentrated care. Each almoner is responsible for all kinds of patients in her own area. This avoids isolating any particular group of patients. A need that is becoming clearer in connection with the other illnesses is for the availability of a medical officer for regular consultations, so that social action can be linked more closely with a patient's medical condition. The advantages of the existing consultations in tuberculosis work are vary apparent.

This work can be sub-divided roughly into two parts:

- (a) work among patients with acute illnesses following discharge from hospitals or when under treatment at home. This includes arrangements for convalescence under the Council's recuperative holiday scheme or through voluntary organisations and requires much care in placing patients in the type of home best suited to their medical condition and personal preference. In a number of cases where patients have returned from hospital with an illness such as cancer, the relatives have needed help in their attitude to the patient and have needed understanding support in the anxieties which inevitably arise, as well as with practical social problems.
- (b) work among patients with long term illnesses and disabilities. During the year the Council's National Assistance (Handicapped Persons) (General) Scheme was approved by the Minister of Health and a register of handicapped persons is being compiled in accordance with that scheme.

Patients in this group require widely differing kinds of help as the two following examples will indicate:

- (i) A young woman with a severely disabling disease was maintained in a training college for a year by the Council while taking a course in dressmaking. Since her return home to her widowed mother, they have been assisted in finding fresh lodgings and have been helped by the Care Committee to obtain furniture. She is now being helped to establish a small dressmaking business at home.
- (ii) A young paralysed man living with his father, who is a widower, was helped to negotiate with the Ministry of Pensions about an invalid chair. His father was naturally anxious about what would happen to the patient if he himself became ill at any time. An arrangement has been made for him to be admitted temporarily to a Home in an emergency, so that makeshift arrangements at the last minute will be avoided.

Since the opening of Redfield Hostel for old persons, two vacancies have been reserved for severely disabled patients who can be admitted temporarily for a month at a time, while the relatives who normally care for them have a holiday.

Close co-operation with the patient's family doctor remains an essential feature of the work. Many of these patients are referred in the first instance by the family doctor, as well as by health visitors, district nurses and hospital almoners. Frequent meeting and discussion at officer level is encouraged with other workers in the Health Service and other social services, and the importance of personal contact with patients and workers cannot be too strongly emphasized.

Occupational Therapy.

An occupational therapy service for homebound patients recommended by doctors was started in 1948 with one occupational therapist. The demands of the service have led to increased appointments and there are now four occupational therapists, who also visit the Old People's Homes in the county. At first various types of craft work were provided, but during the last two years there has been an increasing emphasis on factory outwork. This service has developed quite dramatically and at present looks as though it could extend indefinitely.

An increasing number of new patients have been referred to the department during the year, making it more difficult to maintain regular weekly visits to patients. The outwork scheme has expanded, but there is not enough work of this kind to meet the need. Contracts have been obtained for work from other departments of the Council, notably for lampshades and rugs for Redfield and Winterton House, and gowns for the district nurses.

The old people's homes have been visited regularly.

In March the Helping Hand shop in High Wycombe was opened once a week for the sale of goods made by homebound patients. The Senior Occupational Therapist passes all goods before they are accepted for the shop and she is also a member of the Helping Hand Committee.

In October a club for disabled men was opened in Slough through the Slough Council of Social Service. This is to be open one afternoon a fortnight during the winter and one of the county occupational therapists is available to give craft instruction.

Convalescent Treatment.

A recuperative holiday scheme was started in 1948 for patients needing a period of convalescence before returning to work, but who required no medical treatment or nursing care. In practice, the distinction between "treatment", convalescence and recuperative holidays is an unsatisfactory one, as so many patients are borderline cases and the fact that provision is often made in the same homes for both types of patients prevent them from understanding why some are liable to assessment for their convalescence while others are not.

Care Committees.

The four area Care Committees have formed an integral part of the service since 1948. One voluntary tuberculosis care committee was already very active in Slough and in 1949 the three new committees for the rest of the county began to meet and the Slough Care Committee extended its functions. The committees are of voluntary status, but consist of representatives of local authorities and the chief voluntary organisations in their respective areas, as well as local industrialists. Grants received from the County Council are used for administering the extra nourishment scheme and for giving other help in kind, while statutory help is supplemented in individual cases by means of donations received and funds raised by local efforts. Care work has become much more effective since funds of this kind were readily available and each year has seen an extension of the Committees' activities.

The four area Care Committees have met at regular intervals during the year and each Committee has dealt with an increased number of cases. The largest single item has been in the form of extra nourishment, seventy-six patients receiving a milk grant at the end of the year, usually of two pints per day. Other items have included beds and bedding, invalid chairs, payment of relatives' fares. The availability of funds for meeting urgent and special needs is a tremendous asset to the Care and After-Care service.

Throughout the year the weekly visitors' coach to Peppard Sanatorium has been well supported and by the end of the year arrangements were being made by the North Bucks Care Committee to run a similar coach to Creaton Sanatorium for a trial period.

This year grants have been received again from the King Edward VII Memorial Fund and the Sunday Cinematograph Fund. A particularly welcome donation was the proceeds of the annual pantomime of the pupils of the Hilda Bailey School of Dancing and Dramatic Art, which was donated by Miss Bailey to the Amersham, High Wycombe and Chesham Care Committee. This amounted to £283 14s. 6d. Alexandra Day collections were made in Winslow and surrounding villages by the North Bucks Care Committee, the net proceeds being £22 7s. 11d. A number of grants for individual patients have been obtained from service funds and other charitable organisations.

Tuberculosis.

The almoners are available at selected chest clinic sessions for consultations by patients regarding domestic, social, financial and emotional problems arising from their illness and to take necessary action in conjunction with other members of the clinic staff and appropriate statutory and voluntary organisations. They see patients in the tuberculosis block at the Aylesbury Isolation Hospital and in the chalets attached to general hospitals in the area. Visiting of patients at home is undertaken when necessary.

During the year the incidence of breakdown among apparently stabilised patients has emphasized the need for long term follow-up and support after patients have returned to work and a normal life. In fact, with the reduction in the number of new patients (except in the Slough area), more time will probably be available in future for work with patients who, through emotional or other stresses, fail to make a satisfactory readjustment after illness.

The following problems of after-care may be noted in passing:—

- (a) The great difficulty in obtaining domestic help for tuberculosis patients, particularly in rural areas. Several patients had their stay in hospital unduly prolonged on this account, especially where more help is needed than a home help can reasonably give.
- (b) Increased difficulty in obtaining employment and the almost complete lack of part-time work for those patients who need to be adjusted gradually to normal working conditions.
- (c) While most housing authorities are giving most reasonable consideration to the needs of tuberculosis families, in certain areas no priority scheme is operated by which such families can be rehoused in cases of urgent need.

Garden shelters supplied by the Council remain a useful adjunct to treatment. These are erected on the Chest Physician's recommendation and equipment is supplemented by the Care Committees when necessary.

Extra nourishment grants are supplied on the Chest Physician's recommendation in the form of milk vouchers, through the Care Committees, which give other help to patients as well.

The chest clinic libraries for which the Council makes a grant to the Joint Committee of the British Red Cross Society and St. John Ambulance Brigade have become increasingly popular and the special loan library has met the needs of patients with special or technical interests.

Staff.

Since June, 1952, the staff of the Welfare Section has been increased to four almoners and four occupational therapists. One almoner, working with tuberculosis patients only, is based on the Windsor Chest Clinic and does social work among both Buckinghamshire and Berkshire patients attending the Clinic. She also attends Pinewood Sanatorium for two sessions per week. In the rest of the County the policy has been continued of using almoners for combined work at the Chest Clinic and among patients with general illnesses. This also applies to the occupational therapists, one of whom is also available for visiting Berkshire patients who attend the Windsor Chest Clinic.

11. ARRANGEMENTS FOR DEALING WITH TUBERCULOSIS.

Before the autumn of 1946 the Tuberculosis Service in the County had been administered and staffed by one Tuberculosis Officer and had remained virtually unchanged for many years. The work was clearly too much for one man and in 1946 the Council set about reorganising the Service; two full-time and one part-time Chest Physicians were appointed with the duty of making arrangements to deal with tuberculosis and with such cases of non-tuberculous pulmonary disease as were referred to them.

When the National Health Service was started, rather less than two years later, the tuberculosis scheme was beginning to take shape and to gain the confidence of practitioners and public. Unfortunately, the new Health Service entailed considerable realignment for the Regional Hospital Board boundaries cut across the County: Slough, Eton, Eton Rural and Beaconsfield, comprising a population of about 100,000 people or 28% of the County, were served by the North-West Metropolitan Regional Hospital Board, while the remainder of the County was served by the Oxford Regional Hospital Board. The former Board, therefore, was responsible for finding clinics, doctors and beds in the Slough area, while Oxford performed a similar office in the larger part of the County. The County Council remained responsible for Care and Prevention over the entire area. This division has brought with it special problems which are emphasized by the nature of the population in Slough. Here the people are largely immigrants attracted by the many light industries in the Borough, whereas in the rest of the County the population is much more settled.

Diagnosis and Treatment.

The main work of the Chest Team is, of course, undertaken in the Chest Clinics, and it has been one of the aims to have these Clinics established as far as practicable in hospitals. In this way, the special departments of the hospitals are more readily made available to the Chest Service, but in addition the Chest Team is enabled to take its place on equal terms with the other specialities. This plan has not been practicable in the northern part of the County, where there are no hospitals, but it is satisfactory to be able to record that the Clinic at Wolverton has proved so good that it is now an outstation of the Out-Patient Department of Northampton General Hospital.

The new Clinics have been freely used for diagnosis by general practitioners and members of the hospital staffs. Follow up of old patients has been carefully organised and very few patients miss their regular attendance at the Clinic. This part of the service depends to some extent on the Health Visitors, who on their visits to the homes impress on the patients the need for continued surveillance. The Visitors also arrange for the examination of contacts which now form such a large proportion of clinic work.

In the Oxford Regional Hospital Board part of the County, 2,045 new persons were seen at the Clinics in 1949, 2,670 in 1950, 2,430 in 1951 and 2,405 in 1952. There were 228, 259, 236 and 225 new tuberculous patients in each of these years. A total of 2,939 contacts were examined for the first time in these four years; many were followed up for one reason or another and, in all, 42 contacts were found to be suffering from tuberculosis.

In-patient treatment is provided at Peppard and Creaton Sanatoria, and in 27 beds attached to the hospitals at Amersham, Aylesbury and High Wycombe, while a few special cases and orthopaedic cases are housed elsewhere. These arrangements, particularly the local beds, have only recently come into force, and formerly much treatment had to be carried out in the patients' homes where, if necessary, the County Council provided excellent garden chalets fitted with electricity, heat and wireless. At one time more than 50 of these chalets were in use.

Treatment and nursing were conducted by the District Nurses who performed, and still do, a most important service in this way. With the advent of local beds and the diminution of tuberculosis, the acute need for domiciliary treatment has declined. There is now no difficulty in arranging the admission of cases for initial treatment, though there is still a long delay for patients who require further treatment, such as surgery, in a Chest Hospital. There is no waiting list for children.

Care and Prevention.

This part of antituberculosis work is the province of the County Council and is likely to prove increasingly important. Chest Physicians are partly employed by the Council, and one of them is regarded as adviser in tuberculosis to the Council. At each Clinic the physicians perform examinations of contacts and give B.C.G. to those who are tuberculin negative. Outside the Clinic, the Chest Physicians' activities in care and prevention are largely matters of tuberculin surveys, propaganda lectures and demonstrations. Mention of these is made later.

Health Visitors are employed by the County Council. They help in the Clinics and do domiciliary visiting, where their task is largely that of health education. This is most important. In addition to their tuberculosis work they cover maternity and child welfare, schools, etc. From the point of view of the Chest Physician there are some disadvantages in this dispersal of interests, but the merits of the arrangement outweigh the disadvantages. Difficulties arise over the slender contact which is maintained with Visitors who do not assist at Clinic sessions.

Almoners were originally appointed by the Council to deal with tuberculous patients at home, but with the advent of the National Health Service their work was extended to cover all chronic sick at home under Section 28 of the Act. Their problems, which are becoming to a large extent psycho-social, demand a high degree of intelligence and understanding, and the Almoners' contribution to anti-tuberculosis work is invaluable.

The County is covered by *Care Committees* appointed under Section 28 (not specifically for tuberculosis), and they perform a valuable function where the Ministry of National Insurance is not able to help.

Occupational Therapists have been appointed by the Council for the sick at home including the tuberculous. They provide all forms of diversional and occupational therapy, and also obtain outwork from manufacturers in the various districts.

Clerical Staff in the Clinics, while largely supplied by the Management Committees, is to some extent supported by the Council. From them come the administrative services and the compilation of statistics for the returns which have to be made to the Management Committees, the County Council, the Regional Hospital Board and the Ministry of Health.

In addition to these ordinary routine services, the Chest Team has undertaken other more general tasks. A tuberculin survey of children at Grendon Underwood revealed a very high degree of infection disseminated by a single tuberculous cow: a combined sociological, tuberculin and X-ray survey was made on the population of the village of Steeple Claydon, where there had been an unusually large number of patients. The response to the survey was very good, but no important focus of infection was found; in fact, the tuberculin positivity rate was low. The sociological circumstances of the village were excellent.

The Chest Team also held an open day at Aylesbury for nurses, visitors and doctors. The work of the Service was demonstrated. There was a surprisingly good attendance and the "day" had good propaganda value.

Mass Radiography.

There is no unit in the County, but during the past three years sets from Reading and Northampton have paid long visits, and the entire population of the County has had an opportunity of attending for X-ray either at special or general surveys. 59,000 people have been examined in this way. The yield of treatment cases has been small, indicating that the number of undiscovered cases in the County is not of great significance.

Mortality.

The number of deaths from tuberculosis in the Oxford Regional Hospital Board part of the County for the years 1949 to 1952 were 78, 48, 44 and 28, with rates per 100,000 as follows:—30, 18, 16 and 11. (This figure for 1952 is only provisional as the official one from the Registrar General is not yet available).

This decline is most satisfactory and as the new cases of tuberculosis which are arising do not appear as serious or florid as in former years, there is every prospect of the eradication of tuberculosis as a serious public health problem within a very few years.

Co-ordination.

Arrangements for the co-ordination of the County Council side of the Chest Service and Regional Hospital Board side work well. This appears to be due to the goodwill which prevails. Both the County Medical Officer of Health and the Senior Chest Physician are on the Chest Diseases Sub-Committee of the Regional Hospital Board, and this is an added link. But the smooth working of the arrangements is not due to the nature of the work or to the structure of the administrative machine which has been devised to perform it, but rather to the energy and goodwill of the staff. The old scheme may be compared to a steam engine on rails: when stoked up it pursued its course automatically if leisurely, but the new scheme is like a powerful motor car which requires intelligence, skill and co-operation to keep it going in the right direction.

12. DOMESTIC HELP.

The Scheme for the provision of a domestic help service operated in Slough by the Borough Council prior to 1948 was taken over by the County Council on the appointed day and has since been continued under a full-time organiser, being recently extended to include the adjoining town of Eton and part of the rural district immediately adjacent to Slough.

As far as the remainder of the County is concerned, the first effort to provide a domestic help service was in 1944 when it was decided that a scheme for the provision of Home Helps for maternity cases be operated by the County Nursing Association through their local Associations. Although every endeavour was made to secure home helps, very little success rewarded their efforts.

However, in January, 1948, a scheme was commenced with the co-operation of the Women's Voluntary Services and operated in the first instance in the Aylesbury and Chesham areas. This original scheme has been gradually developed since 1948 until it now includes all the larger towns and most of the rural areas in the County. The following statistics illustrate the growth of the scheme:—

Year.	Domestic Helps Employed at end of year.	Cases helped during year.
1948	73	234
1949	190	888
1950	296	1,258
1951	407	1,415
1952	389	1,322

The operation of the scheme by the Women's Voluntary Services on behalf of the County Council has proved quite an amicable arrangement but early in 1952 it was considered that the appointment of two full-time organisers employed by the County Council would assist in the general organisation and co-ordination of the service and help in the investigation of special cases. One such appointment was made in June, 1952.

The co-operation of hospital almoners and general practitioners has been found to be readily available in ensuring the efficient working of the scheme, and the services of the health visitors are also utilised in assessing the particular needs of selected cases.

Very few full-time helps have been appointed but in the Urban areas part-time helps are guaranteed a minimum payment each week in consideration of the fact that they are available to be called for cases as they arise, but the call on the service is such that the minimum payment is rarely necessary. However, in some of the more rural parts of the County it has been found more practicable for the services of suitable persons to act as domestic help to be engaged for particular cases, as in these areas it is not considered desirable to have persons standing by owing to the length of time which usually elapses between cases.

A sufficient number of suitable persons to undertake the duties of domestic help has on the whole been forthcoming. It has not yet been found practical to institute any facilities for training, but it is hoped that this will be possible at some future date.

13. HEALTH EDUCATION.

Health Visitors in this County during the war years were very active in group teaching for Civil Defence and in association with the British Red Cross and St. John Ambulance Brigade. Therefore a tradition existed for health education among the older members of the staff which has been fostered as the staff has increased and the scope of their duties widened.

In 1948 publicity for the new social services gave impetus to a demand already noted from schools, youth clubs and women's groups, for health education in all its aspects. The absorption of the High Wycombe Day Nursery by the County Council administration necessitated the formation of a second group of students for nursery training in addition to a centre already existing in Slough, the teaching falling in large measure on the health visiting staff.

A plan was formulated for stimulating the interest of both health visitors and mothers with young children attending Child Welfare Centres.

In 1949 a Senior Health Visitor was appointed to organise Health Education in the County, and to undertake the vocational lectures of nursery nurse students in training. A second whole-time appointment was made in 1950 as the work developed so rapidly.

Two main factors emerged from the preliminary survey of the particular needs of the County and the possibilities of development.

1. That the Child Welfare Centres could be used effectively for group teaching and later serve as a focal point for the formation of larger groups meeting at other times, chiefly in the evenings.

2. That an effective programme, especially in rural areas, must aim at furthering the interests of the health visitor in group teaching and supplying, where necessary, the aids in teaching technique and media.

Bearing these factors in mind a programme was launched inviting Child Welfare Centres to organise series of talks or discussion groups on a suggested syllabus of subjects related to mental health, home hygiene and child care. Health Visitors were responsible for the teaching, and the analysis of the results was revealed through a series of "Quiz" competitions with a final public "Quiz" demonstration. Allied to this were competitions in handcraft related to child development and an exhibition linked with the subjects chosen for group study. This type of programme has been successfully repeated each year with increasing enthusiasm.

Arising from knowledge and social contacts gained at health talks, mothers' clubs have been formed which are held fortnightly in the evenings and devote at least 75% of meetings to health education. These clubs are self governed, but experience has proved that, so far, the support of the health visitor in the background is an essential need. This support is generously given and in turn the Health Visitors owe much to the enthusiasm, help and interest of the Health Education organisers. From two clubs in 1949 the project has grown to twelve clubs in 1952 with an approximate membership of five hundred mothers.

A second particularly successful programme has been the growth of Expectant Mothers' Groups, where exercises, relaxation and mothercraft teaching form the syllabus of training for childbirth. These classes are inaugurated by the Health Education Organisers and developed by health visitors and domiciliary midwives. Thirteen such groups were operating in 1952 and co-operation was received from Maternity Homes of the Regional Hospital Board and the Home for Unmarried mothers.

Health Education in schools is undertaken in some areas by the Health Visitor but this service remains limited owing to the heavy demands already made on staff available.

Intensive use was made of the film service provided by the Central Office of Information which was of great benefit and its discontinuance is regretted.

Three model exhibition stands with interchanging topics are on view throughout the year, in food offices, libraries and shop windows, etc. Topics include diphtheria immunisation, food and drink infections, accidents in the home, vaccination.

An epivisor and epidiascope are in continual use throughout the County together with other teaching media to supplement talks, lectures and discussions.

In 1952 accidents in the home were demonstrated at two Home Safety Exhibitions organised in Aylesbury and High Wycombe.

Five thousand book marks publicising diphtheria immunisation were distributed through all branch libraries by arrangement with the County Librarian.

The subject chosen for study in 1952 by Child Welfare Centres and Mothers' Clubs was "Growing up in security" with emphasis on mental health and accidents in the home. The County Health Exhibition was held in June with audiences of approximately 500 both afternoon and evening. Twenty-two parent groups prepared exhibits illustrating past and present health environment and ten mothers' clubs presented a mime illustrating old and modern handling of child behaviour. During the evening a panel of experts on a "Brains Trust" answered questions submitted by mothers from Child Welfare Centres.

Through the Department, speakers have been supplied on request to many voluntary organisations, e.g. Parent/Teacher Associations, Women's Institutes, Mothers' Unions and Young Wives' Clubs, Women's Political groups, Youth Clubs.

There is very obvious opportunity for further development within these organised groups.

The Central Council for Health Education have requested hospitality from the County for demonstrating Health Education methods to international post graduate students.

A progressively active health education programme in this County is rapidly developing due to the interest and enthusiasm of the specialist Health Education Organisers supported by the field staff of Health Visitors.

14. MENTAL HEALTH SERVICE.

In the mental health service, one of the major effects of the passing of the National Health Service Act has been the division of responsibility for community and hospital care between local health authorities and regional boards.

Such division of responsibility gives rise to the dangers of lack of continuity in case work, isolation of those charged with preventive measures within the community from everyday contact with modern methods of treatment, and the tendency to separate the problems of prevention and care of mental illness, when in fact they must be considered as one. The financial stringency which has been the background to the period under review has also tended to prevent a useful degree of experiment and driven the two components of the service into more "water tight" divisions than would otherwise be the case.

With the introduction of the Act, the public seemed to assume that greatly increased facilities would be available and there is apparent an increase in demand for services which are not existing. In the mental deficiency field this is particularly evident and the grave shortage of institutional accommodation and trained staff has thrown up acute problems in the care of this category of handicapped persons.

By an increasing measure of co-operation between local authorities and regional boards many of these problems are being overcome to some degree. The effect of the Act regarding mental deficiency as an illness has resulted in cases, which were formerly able to pay part of their maintenance in private establishments and receive grants from local authorities towards the balance, now being outside the scope of official assistance and further pressure is added to Regional Hospital Board waiting lists.

(1) Administration.

(a) Mental Health Sub-Committee.

The Mental Health Services are administered by a Sub-Committee of the County Health Committee. When first constituted this Committee met six times a year, but has now reduced its meetings to four, to link with meetings of the main Committee. The Sub-Committee includes members of the Council and other persons with experience in mental health work and has not altered in composition.

(b) Staff.

The general medical direction of the service is in charge of the County Medical Officer and from October, 1950, one of the Assistant County Medical Officers has been given special responsibility for the Mental Health Section. In addition to this officer, the services of fourteen Medical Officers, the majority with experience in mental health and deficiency matters, remain available for the purpose of performing any duties arising under the Lunacy and Mental Treatment Acts, 1890-1930, and the Mental Deficiency Acts, 1913-38.

The senior lay administrative officer (male) in the mental health section also carries out duties as a social worker, assisted by a female mental health worker. There are, therefore, two social workers who are petitioning officers under the Mental Deficiency Acts, and who carry out duties in relation to the care and after-care of defectives and persons suffering from mental illness. The Psychiatric Social Worker of St. John's Hospital, Stone, has been available for special cases, although in view of the hospital's own commitments demands on her services are necessarily kept to a minimum.

The nine Duly Authorised Officers with district responsibility have provided a full service for duties under the Lunacy and Mental Treatment Acts, and two officers on the central office staff are authorised for this work and are available in case of emergency. Where appropriate the Duly Authorised Officers also assist in the care and after-care of persons suffering from mental illness.

Cases of mental defect and mental illness which are suitable for Occupational Therapy are visited by the Council's full-time Occupational Therapists. There are four of these officers whose services are shared by other branches of the health service.

The administration of the Occupation Centre for trainable mental defectives at Slough was originally undertaken by the Bucks Voluntary Association for Mental Welfare, but since 1st April, 1952, this has been taken over from the Voluntary Association and is now directly administered by the Mental Health Sub-Committee. The Centre receives cases from the surrounding district and has a full time staff of one Supervisor and two assistants. A small Occupation Centre administered directly by the Sub-Committee was opened during the latter part of the period under review and staffed by a full-time Supervisor and assistant. In other parts of the County a home training scheme is in operation. This scheme is administered by the Bucks Voluntary Association for Mental Welfare and has a total of fifteen part-time teachers.

(c) Co-ordination with Regional Hospital Boards and Hospital Management Committee.

Close liaison is maintained with the two Regional Hospital Boards and various Hospital Management Committees which cover the authority's area and the Board's psychiatric services are available to the authority.

The authority's officers supervise and report upon seventy-five patients on licence from various Mental Deficiency Institutions and are available for any other enquiries on behalf of the Management Committees concerned. Assistance is also given in endeavouring to place mentally defective patients in situations in order to fit them for ultimate return to community care.

(d) Duties Delegated to Voluntary Associations.

The Bucks Voluntary Association for Mental Welfare assists the authority in supervision of defectives and administers the home training scheme previously mentioned. Grants for this purpose, which have increased from £190 in 1950 to £1,673 per annum, are made to the Association and the secretarial work involved is undertaken by the Department's officers. The Guardianship Society, Brighton, undertakes the supervision of four defectives placed by the Society with suitable guardians and arranges for holidays for other patients under guardianship. This society reports difficulties in finding suitable persons to act as guardians but is greatly aided by being able to provide occupation centre training facilities.

(e) Training of Staff.

The Duly Authorised Officers were all experienced in work under the Lunacy and Mental Treatment Acts prior to 1948 and consideration is being given to a revision of their duties to include further work under the Mental Deficiency Acts. When these plans are completed arrangements will be made for officers to be trained by lectures given by the Council's officers with experience in this work and also to take advantage of suitable courses that may be available.

An assistant from the Slough Occupation Centre has been seconded for a year's Course of Training for Occupation Centre Supervisors and the Bucks Voluntary Association for Mental Welfare has sent a home teacher to a short Course for Occupation Centre Staff organised by the National Association for Mental Health.

(ii) Account of Work Undertaken in the Community.

(a) Prevention of Illness, Care and After-Care.

The authority's officers undertook duties under Section 28, National Health Service Act, in respect of thirty-five cases which have been referred since July, 1948. This work has included assistance in settling housing, domestic and employment problems and there has been a steady reduction in the numbers of ex-Service cases dealt with. The more selective attitude of the Service medical examination boards in respect of the National Service intake has probably been largely responsible for this reduction.

(b) Lunacy and Mental Treatment Acts, 1890-1930.

The Duly Authorised Officers have continued to deal with cases admitted to hospitals under the provisions of the Lunacy and Mental Treatment Acts, 1890—1930. The number and type of cases dealt with does not appear to vary significantly over the period. Advice is continuing to be given in numerous cases for which hospital care was not eventually necessary.

(c) Mental Deficiency Acts, 1913-1938.

(i) Ascertainment and Supervision.

The number of cases of mental defect which have been ascertained tends to indicate that the full rate of ascertainment has not yet been reached. During 1952 a total of 121 cases have been ascertained, being an increase of 26 cases over 1951. Seventy-nine of these cases were notified under the Education Act, 1944, compared with 55 for 1951. A further increase in new cases is likely to arise from the cases referred by the National Assistance Board under the scheme to provide welfare services for sick and handicapped persons. The Bucks Voluntary Association for Mental Welfare continues to assist the authority in the supervision of defectives and quarterly reports in individual cases are received.

(ii) Guardianship.

Considerable difficulty is being experienced in finding persons willing to undertake the office of guardian, especially for cases in institutional care who may be suitable for return to the community. Every effort is, however, being made to release institutional beds in this way.

(iii) Training.

The Occupation Centre at Slough has had to vacate premises formerly owned by another Department of the authority and continues in other rented, temporary premises. The limitations of such premises are appreciated and it is intended to build a Centre when practicable. The County Council already owns a suitable site. The services of the School Medical Officer and Clinic are available and regular inspection of the children is carried out. With the co-operation of the Education Department meals are provided through the School Meals Organisation. Transport continues to be provided for all except those living in the immediate vicinity of the Centre.

An Occupation Centre at High Wycombe has recently been opened in premises rented from the Borough of High Wycombe. This small Centre will receive from 12—15 children from the immediate vicinity.

The home tuition scheme organised by the Bucks Voluntary Association for Mental Welfare provides approximately two hours tuition per week for 31 cases who are able to benefit. No age limit is imposed for patients receiving this tuition. In Chesham, Aylesbury and Buckingham a further development of the home tuition scheme has been made by taking from 5—8 children together in a group in hired premises. Such groups are part-time but permit an increased number of hours being given to each case.

SECTION A.—GENERAL STATISTICS FOR THE COUNTY.

The area of the Geographical and administrative County is 479,411 acres (approximately 749 square miles) and the number of inhabited houses at the 1931 census was 68,994, including 73,013 families or separate occupiers.

The rateable value of the County at 1st April, 1953, was £3,015,389, as against £2,950,236 at 1st April, 1952, an increase of $2\frac{1}{4}$ per cent. The estimated product of a penny rate for the financial year 1952/53 was £11,788 as compared with a figure for 1953/54 of £12,111.

The estimate of the Registrar General for mid-1952 refers to the home population, including members of the armed forces stationed in the area, and amounts to 394,700 as compared with 390,300 for 1951.

At the 1951 census the total population of the County was 386,164. Census populations, estimated populations, birth and mortality rates for individual County Districts are quoted in Table (d) of Section H.

Births—	1951			1952		
	M.	F.	Total.	M.	F.	Total.
Legitimate	2,917	2,725	5,642	2,962	2,758	5,720
Illegitimate	144	109	253	136	133	269
	<u>3,061</u>	<u>2,834</u>	<u>5,895</u>	<u>3,098</u>	<u>2,891</u>	<u>5,989</u>
Birth-rate—				1950	1951	1952
Urban Districts (per 1,000 home population)				15.5	15.2	15.3
Rural Districts (per 1,000 home population)				15.4	15.0	15.1
County (per 1,000 home population)				15.5	15.1	15.2
England and Wales (per 1,000 home population)				15.8	15.5	15.3
Still-births (rate per 1,000 total births)				19.4	18.6	17.4
Deaths from all causes—						
Urban Districts (per 1,000 home population)				10.1	10.3	9.9
Rural Districts (per 1,000 home population)				10.5	11.3	9.9
Total for County (per 1,000 home population)				10.3	10.8	9.9
England and Wales (per 1,000 home population)				11.6	12.5	11.3
Infant Mortality Rate—						
Urban Districts (per 1,000 births)				26.9	26.4	26.7
Rural Districts (per 1,000 births)				22.7	22.8	23.4
County (per 1,000 births)				24.8	24.6	25.0
England and Wales (per 1,000 births)				29.8	29.6	27.6
Infant Mortality Rate among Illegitimate children				54.5	43.5	26.0
No. of Women dying in, or in consequence of, child birth				3	3	4
Deaths from—						
Measles				—	1	2
Whooping Cough				1	3	—
Diphtheria				—	—	—
Principal causes of death—						
Heart Disease				1,259	1,278	1,174
Cancer				716	725	709
Bronchitis				167	224	179
Pneumonia				151	201	178
Influenza				25	100	7
Tuberculosis—Respiratory				62	56	50
Other forms				8	16	8
Motor Vehicle Accidents				46	45	41
Other Accidents				79	89	82
Total deaths from all causes				3,965	4,216	3,907

Four maternal deaths were recorded in the County during the year, representing a rate of 0.66 per thousand total births, as compared with a rate of 0.72 for England and Wales.

For the fifth year in succession and the sixth time in the last seven years, it is gratifying to report that no deaths from diphtheria occurred in the County.

SECTION B.—GENERAL PROVISION OF HEALTH SERVICES.

NATIONAL HEALTH SERVICE ACT, 1946.

Full details of the Council's Schemes under this Act were given in the Report for the year 1949.

The Special Survey on the working of the Local Health Services over the past four years, compiled at the request of the Minister of Health, forms part of this Report and general comments on the work carried out during 1952 were included in that Survey.

This Section is therefore restricted to special comments and statistics relating specifically to the year 1952.

SECTION 22.—CARE OF MOTHERS AND YOUNG CHILDREN.

Child Welfare Centres.

The attendance of mothers with their children under school age remains high, and the percentage of babies under one year of age attending a Child Welfare Centre for the first time, related to the total live births in 1952, is 70, a figure similar to that for the preceding three years.

Owing to continued changes in the distribution of population it became necessary for three permanent Centres to be closed during the year, one of these now being covered by the new mobile trailer already mentioned in the Survey. Two new permanent Centres were commenced, one of these having previously been covered by the old Mobile Service.

The separate toddlers sessions, mentioned in last year's report, have increased in popularity, and during the year the number of such monthly sessions increased from three to six.

The following table gives particulars of the attendances at the Child Welfare Centres operating during the year:—

	Perma- nent.	Mobile (Old).	Mobile (New).	Volun- tary.
(1) No. of Centres operating at end of year	100	8*	10†	2
(2) No. of times Centres opened	2,594	27	58	44
(3) No. of attendances by Medical Officers	1,757	27	58	20
(4) Total No. of children presented for examination to the Medical Officer	22,656	269	845	272
(5) No. of children who first attended during the year and who at their first attendance were—				
(a) Under one year of age	3,993	15	103	68
(b) Between one and five years	372	4	41	25
(6) No. of children in attendance at the end of year who were then—				
(a) Under one year of age	3,533	—	134	62
(b) Between one and five years	6,025	—	255	56
(7) Total number of children who attended during the year ...	12,524	285	434	163
(8) Total number of attendances made by these children during the year—				
(a) Under one year of age	55,224	194	538	543
(b) Between one and five years	39,126	346	917	344

*Old Mobile Centre ceased operating April, 1952.

†Ten half day sessions covering thirty villages.

Table (c) of Section H of the Report gives details of the Child Welfare Centres.

Maternity Accommodation.

An analysis of the total births notified in the County during the year shows that 68 per cent. occurred in hospitals and maternity homes, the remaining 32 per cent. being domiciliary confinements, a proportion similar to that of the previous year.

The County Health Department has continued to act as the clearing house for allocating patients to available beds on social grounds. County Health Visitors investigate home circumstances of cases referred by general practitioners, ante-natal clinics, etc., and co-operation with Hospital Management Committees is maintained to ensure that the best possible use is made of available beds.

The following table shows the number of maternity cases for whom arrangements were made by the health department for admission to the various institutions under the control of the Regional Hospital Boards during the year 1952, but of course does not include cases referred direct to hospital on medical grounds by the general practitioners.

	No. of cases submitted.	Arrangements made but subsequently cancelled.
Royal Buckinghamshire Hospital, Aylesbury	214	19
The Churchill Hospital, Headington	18	—
The Radcliffe Infirmary, Oxford	2	—
Luton Maternity Home, Luton	6	1
Westbury Maternity Home, Newport Pagnell	261	15
The Barratt Maternity Home, Northampton	27	—
Bedford General Hospital, Bedford	1	—
Stone Maternity Home, Chalfont St. Giles	199	11
St. Paul's Hospital, Redbourne Road, Hemel Hempstead	7	1
Shrubbery Maternity Home, High Wycombe	75	8
Amersham General Hospital, Amersham	479	22
Townlands Hospital, Henley-on-Thames	3	—
The Canadian Red Cross Memorial Hospital, Taplow	306	17
Colinswood Maternity Home, Farnham Common	424	29
Upton Hospital, Slough	453	24
Old Windsor Hospital, Windsor	88	8
H.R.H. Princess Christian Maternity Home, Windsor	56	6
Hillingdon Hospital, Uxbridge	9	—
Other Hospitals and Maternity Homes	8	1
	<u>2,636</u>	<u>162</u>

Prematurity.

The particular care of premature infants has continued, a premature birth or stillbirth being defined as one weighing 5½lbs. or less irrespective of the period of gestation. Arrangements are made for this information to be supplied on completed birth notifications.

The following is a summary of such notifications relating to mothers normally resident in this County:—

Premature Infants.

(a) Total number of premature live births	373
(b) Number of premature live births at home	82
(c) Number of premature live births in private nursing homes	14

Premature Stillbirths.

(a) Total number of premature stillbirths	50
(b) Number of premature stillbirths at home	12
(c) Number of premature stillbirths in private nursing homes	Nil

In domiciliary cases midwives are required to seek immediate advice and any necessary assistance from the County Superintendent and three special portable cots and an infant oxygen tent have been made available for domiciliary use

In addition, the health visitors pay particular attention to the care of premature infants when the responsibility of the midwife ceases at the end of the lying-in period, or immediately such infants are discharged from hospital or nursing home.

Detailed information relating to premature live births and stillbirths occurring in hospitals is supplied direct to the Ministry of Health by the hospitals concerned, and the following table relates only to domiciliary cases and those occurring in private nursing homes:—

Weight.	Premature Stillbirths at home.	Premature infants, born alive at home.						Premature Stillbirths in Private Nursing Homes.	Premature infants born alive in private nursing homes.					
		Transferred to Hospital.	Nursed entirely at home.						Transferred to Hospital.	Nursed entirely in private nursing home.				
			Died in first 24 hrs.	Died on 2nd to 7th day.	Died on 8th to 28th day.	Survived 28 days.	Total.			Died in first 24 hrs.	Died on 2nd to 7th day.	Died on 8th to 28th day.	Survived 28 days.	Total.
2 lbs. 3 oz. or less	3	1	2	2	—	—	4	—	—	—	—	—	—	—
Over 2 lbs. 3 oz. up to and including 3 lbs. 4 ozs.	4	2	1	—	—	—	1	—	—	—	—	—	—	—
Over 3 lbs. 4 oz. up to and including 4 lbs. 6 oz.	1	—	—	—	—	10	10	—	—	—	—	—	2	2
Over 4 lbs. 6 oz. up to and including 4 lbs. 15 oz.	—	3	—	—	—	5	5	—	—	—	—	—	2	2
Over 4 lbs. 15 oz. up to and including 5 lbs. 8 oz.	4	3	1	4	—	48	53	—	—	—	—	2	8	10
Totals	12	9	4	6	—	63	73	—	—	—	—	2	12	14

Day Nurseries.

There was still a demand for the nursery accommodation at Aylesbury, High Wycombe and Slough.

All the Day Nurseries in the County are recognised as Training Schools, in accordance with Ministry of Health Circular 126/1945, for the National Nursery Examination Board Certificate and during the year eight students completed training and successfully passed the examination.

The following table shows the position at the end of 1952:—

Nursery.	Accommo- dation.	No. on Register.	Average Attend- ance.
Walton Cottage, Aylesbury	42	46	38
Baylis Court, Slough	40	41	37
Manor Park, Slough	48	49	40
Temple End, High Wycombe	40	37	34
	170	173	149

Residential Nurseries.

The Short-stay Nursery at Brookside, Slough (28 children), and the Long-stay Nursery at Larchmoor, Stoke Poges (34 children), are by arrangement with the Children's Committee, under the medical care of medical officers of this Department.

As a result of consultation with the Children's Committee on Home Office Circulars 193/1949 and 1217/1951, arrangements are made for medical officers to examine all children on admission and at suitable intervals afterwards, arrange vaccination and immunisation in suitable cases, co-operate with the general practitioner appointed to treat sickness among children and staff, advise on general hygiene in the nurseries, supervise diet and feeding, arrange for medical examination of staff, including periodic X-ray examinations, and furnish medical reports on children about to be boarded out or adopted.

Both the nurseries are recognised as Training Schools for the National Nursery Examination Board Certificate and the medical and nursing staff of the health department are utilised for teaching the appropriate sections of the syllabus.

Ante-natal and post-natal care.

The bulk of the ante-natal and post-natal work continues to be undertaken at the specialist ante-natal clinics under the control of the Hospital Management Committee, but the two remaining County Council ante-natal clinics for domiciliary cases at High Wycombe and Slough continued to function satisfactorily. During the year 345 expectant mothers made a total of 940 attendances at these clinics, and in addition 72 post-natal examinations were carried out.

Further courses of training for Health Visitors and District Nurse Midwives, to encourage them to teach the technique of relaxation accompanied by Mothercraft talks to expectant mothers, have been organised. In many areas throughout the County group teaching has become established with great benefit to those who attend the classes. Ante-natal cases booked at the Royal Buckinghamshire Hospital are regularly referred by the Consultant to the Relaxation Classes held at Pebble Lane Clinic in Aylesbury where they receive instruction from the Health Visitors. Classes have been held again this year at The Stone and Colinswood Maternity Homes.

Twelve other classes have been organised by District Nurse Midwives in rural areas with attendances ranging from two to six cases at each session depending on the number of booked cases.

Winterton House.

Up to the end of the year two ante-natal cases and twenty mothers with children were admitted to the Rest Home for Mothers and Babies, mentioned in the Survey, which was opened at Wendover in July, 1952.

Care of Illegitimate Children.

The agreement entered into with the Oxford Diocesan Council for Moral Welfare, for the care of illegitimate children, has been continued. All cases requiring help were referred to the appropriate area Diocesan Moral Welfare Worker, and financial assistance in approved cases, consisting of the ascertained cost of maintenance at selected institutions, less each girl's contributions from insurance and other sources, for a period of six weeks before and eight weeks after confinement was available on application to the County Medical Officer. In addition an annual grant is paid to the Diocesan Council towards the cost of case work undertaken by their Moral Welfare Workers.

Close co-operation exists between Health Visitors and Moral Welfare Workers, and the arrangements continue to work quite smoothly.

Maintenance at suitable institutions on the lines indicated was approved for 66 cases during 1952, 24 of whom were admitted to Putnam House, Aylesbury, the Maternity Home of the Mid Bucks Association for Moral Welfare.

Report of the Senior Dental Officer.

The number of County Dental Officers employed still remains much below establishment and in consequence it has been impossible to increase the time allocated to the dental treatment of expectant and nursing mothers and children under five years of age.

Table (h) of Section H of the report therefore shows little improvement on the numbers treated in 1951 and does not call for further comment.

Infant Deaths, 1952.

During the year a detailed enquiry has been made into the circumstances of 101 stillbirths and 150 infant deaths occurring among residents in the County. The total number of stillbirths and deaths of infants under the age of one year allocated to this County by the Registrar General was 106 and 150 respectively.

In 1952 the total loss of infant life from stillbirth and infant death was 42.0 per 1,000 total births, representing a stillbirth rate of 17.4 per 1,000 total births and an Infant Mortality Rate of 25.0 per 1,000 live births. The neo-natal mortality rate (infants dying before the age of four weeks) was 17.5.

Prematurity figures largely among causes of death in early infancy. The incidence of premature births has increased in the past few years; the percentage of premature infants among the total births in the County was 5.3 in 1949 and 6.7 in 1952. Of the stillbirths and infant deaths on which detailed enquiry was made prematurity was associated with 40.6 per cent. of stillbirths and 60.0 per cent. of neo-natal infant deaths (under 4 weeks). Of the 63 neo-natal deaths, in infants born prematurely, 15 were born before the 28th week of gestation and therefore are considered to have been non-viable.

Among other causes of death there was evidence that maternal complications during pregnancy and delivery were the cause of death in 47.5 per cent. of stillbirths and 44.8 per cent. of neo-natal deaths. Congenital malformations incompatible with life were present in 17.8 per cent. of stillbirths and 17.1 per cent. of neo-natal deaths. No cause was known for 28.7 per cent. of stillbirths and no cause other than prematurity for 22.9 per cent. of neo-natal deaths.

Acute infection was responsible for neo-natal death in nine infants (8.6 per cent. of neo-natal deaths); of these nine deaths six were due to respiratory infection and three to acute poliomyelitis. The latter deaths occurred among four infant cases of poliomyelitis in a private maternity home, mentioned in another section of this Report.

There were 45 deaths of infants between the ages of one and 12 months which represents an Infant Mortality Rate for this age group of 7.5 per 1,000 live births; this figure is slightly higher than that for the past three years. The main cause of death at this age is acute infection and this has been so over the past four years, since this special inquiry into infant deaths was started. In 1952 there were 18 deaths (40 per cent. of the total number in this age group) from infection; 13 of these were due to respiratory infection, one to measles complicated by pneumonia and three to other infection. There were fewer deaths from infection than in the preceding three years, but in 1952 there has been an increase in deaths from accidental suffocation; seven or 15.5 per cent. of deaths of infants between one and 12 months. It appears that the main causes of infant death apart from prematurity are complications of pregnancy and delivery resulting in stillbirth or early infant death and, after the age of four weeks, infection and accidents.

To summarise, out of 6,095 total births in the county in 1952, 256 or 4.2 per cent. of infant lives were lost before the age of one year. This is a slight improvement on the comparative figure for 1951, which was 4.3 per cent.

SECTION 23.—MIDWIVES SERVICE.

The number of midwives practising in the County at the end of the year was 206, 115 domiciliary and 91 institutional.

For the purpose of comparison, the number of cases attended by midwives over the past three years is given below:—

	1950	1951	1952
Deliveries attended as midwives	3,470	3,455	4,089
Deliveries attended as maternity nurses ...	1,821	1,977	1,506

Domiciliary deliveries attended numbered 1,834. 20,931 domiciliary visits were paid during the ante-natal period and the number of nursing visits paid during the puerperium was 38,405, including 1,774 visits to 374 women confined in hospital but returned home before the 14th day of the puerperium.

The following Central Midwives Board notification forms were received from midwives during the year. These figures relate to the work of both institutional and domiciliary midwives.

Notice of sending for Medical Aid—

	1950	1951	1952
Pregnancy	127	83	92
Labour	294	233	200
Puerperium	67	59	77
Infant	88	97	91
Stillbirths	84	67	95
Deaths of Mothers	1	1	1
Deaths of Infants	37	56	39
Artificial Feeding			
(a) Partial	126	130	148
(b) Complete	214	264	276
	576	472	460
	340	394	424

Analgesia.

All the midwives employed by the County Council were qualified to administer gas and air analgesia in accordance with the requirements of the Central Midwives Board. An apparatus was available for use by every midwife and analgesia was administered during labour to 1,471 women.

Premature Babies.

A total of 82 premature babies was delivered at home. Of these nine were transferred to Hospital, three of whom died within 24 hours. Of the babies nursed at home, 63 survived over a period of 28 days and also six of those admitted to hospital.

Staff.

At the end of the year two full-time midwives were employed together with 113 district nurse-midwives undertaking combined duties.

During the year the Supervisor of Midwives and her Assistants made a total of 342 supervisory visits to midwives.

Post Graduate Work.

Two midwives were sent to a post-graduate course and two to a course on relaxation exercises: both courses were organised by the Royal College of Midwives.

Relaxation Classes.

The value of relaxation exercises during pregnancy has been increasingly appreciated during the year and 10 midwives are taking classes for expectant mothers.

SECTION 24—HEALTH VISITING.

The expanding range of the health visiting service has been indicated in the four year survey. During 1952 resignations of health visitors were received on account of marriage, ill-health and transfer to the World Health Organisation. In addition to replacements for these resignations the staff was augmented by two whole-time and two part-time health visitors and a second Tuberculosis Clinic Sister was appointed. The staff is still below approved establishment and recruitment is chiefly by a grant-aided training scheme. Two suitably qualified nurses were sent to the Health Visitor Training Centre at the Royal College of Nursing and two to the Centre at University College, Southampton.

Home Visiting absorbs the major part of the time of the health visiting staff and every effort is made to advise and support the family as a unit. The aim of home visiting is prevention of physical and mental ill-health of all age groups but the greatest emphasis is directed towards the care of expectant women and mothers with young children.

Child Welfare Centres provide an essential medical examination and supplementary need to this home teaching.

The care of the aged still proves to be an urgent problem that the staff find impossible to handle successfully with present caseloads. With more time to give to this age group a great deal more could be done to prevent the handicaps and limitations of old people and rehabilitate many who have become bed-fast. Health Visitors look forward to the establishment of the geriatric team which will help with this case work.

Problem families continue to demand much of the health visitor's time and skill. During the year regular case conferences of all workers concerned with child care have been held in all the County areas and have resulted in a much closer co-operation of effort.

Research work has been undertaken during the year both on behalf of National bodies such as the Population Investigation Survey, the projects of the Medical Research Council and the Ministry of Health and special investigations in association with local consultants such as observation of haemangioma in infants, follow up of school children found Mantoux positive, and observation of continuing breast feeding of infants delivered in Hospital.

Health Education developments are referred to in the four year survey. The 1952 demonstration and exhibition in Slough was an outstanding success. Regular Health Education groups and relaxation classes for expectant mothers have increased and new Mothers' Clubs have been formed.

The Department has co-operated with the Fire Brigade and Police in planning and setting up Exhibitions in Aylesbury and High Wycombe on "Safety in the Home."

An exhibit was sent to the Mothercraft Exhibition held in Central Hall, Westminster.

An increasing demand has been made during this year by the British Red Cross and St. John Ambulance Brigade in various areas of the County for more advanced teaching and series of lectures on home nursing and child care. Health Visitors have given generously of their own time to fulfil these requests.

Study facilities for post graduate students have been provided for visitors from France, U.S.A. and Nigeria.

Co-operation has been much appreciated from voluntary organisations, other social workers in official departments and staffs of the Regional Hospital Boards.

Home Visits.

The following is a summary of home visits paid during 1952:—

	First visits.	Total visits.
Expectant Mothers	2,809	5,487
Children under one year of age	6,167	33,655
Children between one and five years of age	741	43,374
Child Life Protection and Adoption	162	754
Tuberculosis	619	3,849
Care of the Aged		936
Other Special Enquiries		478

Fixed Sessions.

The number of sessions attended by Health Visitors during 1952 was as follows:—

Ante-natal Clinics	91
Child Welfare Centres	3,526
Diphtheria Immunisation Clinics	83
Chest Clinics	939
Orthopaedic Clinics	14
Health Education Lectures	218

SECTION 25.—HOME NURSING.

At the end of the year four whole-time district nurses were employed, together with 113 district nurse-midwives employed part-time on home nursing duties. Of these 28 were qualified health visitors and undertook part-time health visiting duties in rural areas of the County. In addition five nurses undertook part-time nursing duty.

For the purpose of comparison, details of work undertaken during the last three years are given below:—

	1950	1951	1952
New cases attended	14,939	15,347	15,348
Visits paid	232,612	239,106	254,093

Training Courses.

Six selected nurses were sent for an approved course of district training and two for Health Visitors' Training.

During the year arrangements were made for 17 Student District Nurses from urban areas to be given three days' experience of combined work in a rural area.

Post-Graduate Course.

Four nurses were sent to a refresher course organised by the Association of Queen's Nurses.

SECTION 26—VACCINATION AND IMMUNISATION.

Vaccination.

During the year 2,930 successful primary vaccinations were carried out by medical practitioners under the scheme in operation in this County, a slight decrease on the previous year, when the total was 3,091.

Details of such vaccinations, relating to the year 1952, as submitted on the return to the Ministry of Health, were as follows:—

Age—	Under 1.	1.	2-4.	5 to 14.	15 or over.	Total.
Number vaccinated ...	2,190	109	178	158	295	2,930
Number re-vaccinated ...	—	—	48	180	1,163	1,391

Immunisation.

The Council's scheme for diphtheria immunisation continued in full operation during the year, and records are regularly received from medical practitioners in addition to immunisations carried out at Child Welfare Centres.

Details of primary immunisations and re-immunisations, divided into the two six-monthly periods are given below:—

	Half year ended 30.6.52.	Half year ended 31.12.52.	Total.
Children under five years	2,480	1,761	4,241
Children five to fourteen years	141	149	290
Re-immunisations	2,515	2,648	5,163

Of the total of 4,531 primary immunisations, 3,057 received the combined immunisation against diphtheria and whooping cough, and in addition 22 children were immunised against whooping cough only.

The usual return of immunisation in relation to child population was required by the Ministry of Health. According to records in the possession of the Department at the end of the year, the number of children who had completed a full course of immunisation at any time up to 31st December, 1952, was as follows:—

Age at 31.12.1952.	Under 1	1	2	3	4	5 to 9	10 to 14	Total under
i.e., Born in year.	1952.	1951.	1950.	1949.	1948.	1943-1947.	1938-1942.	15.
Number immunised ...	275	3,538	4,228	4,939	5,011	22,839	19,620	60,450
					Children under 5.	Children 5-14.		Total under 15.
Estimated mid-year child population, 1952 ...					30,900	56,900		87,800

SECTION 27.—AMBULANCE SERVICE.

A full report on the operation of the ambulance service is included in the survey, and details of work carried out during the year ended 31st March, 1953, are contained in Table (i) of Section H.

SECTION 28—PREVENTION OF ILLNESS—CARE AND AFTER-CARE

Report of the County Chest Consultant.

It is possible to report continued success in the campaign against tuberculosis within the County during 1952. The number of deaths fell from 72 to 58 giving a rate of 15 per 100,000 population as compared with 18 in 1951. The deaths as in previous years were chiefly amongst middle aged and elderly people with a high proportion (71 per cent.) of men; there was little difference between the urban and rural figures, but the rates in Slough and Eton rural remain persistently high, and are even increasing slightly; the situation there is likely to be aggravated by the building of L.C.C. housing estates and the preference given to tuberculous families in the allocation of homes.

Notifications which went up in 1947 and 1948 with the advent of the new tuberculosis team and a consequent increase in ascertainment have since showed a decline despite the considerable activities of the mass-radiography teams. It really does seem that incidence is falling off along with mortality. The accompanying chart shows the changes over the past eleven years very clearly.

Treatment was undertaken in the 27 beds in the local hospitals, at home and at Peppard and Creaton Sanatoria. There is as a rule no difficulty in arranging admission of new cases to hospital within a few days, but there still is some difficulty with the small number of chronic cases who need to be in hospital and with the patients who need surgery or complicated treatment in Sanatoria.

The mass-radiography team spent some eight months in the Wycombe and Amersham area but they did not bring to light a great deal of active tuberculosis. The team also visited Buckingham and discovered one case of active tuberculosis out of 2,181 persons examined.

B.C.G. vaccination of tuberculin negative nurses and contacts proceeded in a routine way without serious complications. In the Oxford Regional Hospital Board part of the County 295 persons were vaccinated during the year and of these 57 were nurses.

There were no changes in staff or clinics during the year.

Report of Chest Physician to the Windsor Group Hospital Management Committee.

The Windsor Chest Clinic, which serves this part of the County, has added to its equipment a new X-ray machine which takes 70 mm. films of the chest, as an alternative to the usual full-size of 17 inches x 14 inches. Initially introduced as a measure of economy, at a time when film was scarce, this has proved very efficient, especially as a means of excluding pulmonary tuberculosis in persons suspected or specially exposed, and to some extent in routine serial radiography. Judicious employment of the "miniature" machine in sparing the full-size unit saves us nearly £20 a week, so that its initial cost will probably be recovered within its first three years of operation. Its cheapness and its speed of operation have enabled us to offer an "open" session to general medical practitioners, who are invited to send up on Monday afternoons any patient without a previous appointment, bringing only a card of introduction. The X-ray report is completed on the reverse side of this card and posted back to the doctor within 24 hours. Any radiological abnormality is further investigated by recalling the patient for full clinical examination.

This service has proved so popular that the open session is becoming uncomfortably overcrowded, as are also most of the other Clinic sessions. Indeed, after two years in operation, the Windsor Chest Clinic is already too small for its job. Despite the fall in mortality from tuberculosis, new cases continue to be diagnosed in even greater numbers than before and very many persons, while not actually notified, have to be kept under observation for several years. Furthermore, the prolongation of life in cases of advanced disease, which some believe to be largely responsible for the improved mortality figures, means even more work for Chest Clinics in both treatment and preventive work within the family.

It seems clear, therefore, that the service must continue to expand and that the Windsor accommodation must become increasingly inadequate. The position is expected to be seriously worsened with the transfer of populations from the L.C.C. into the new estates at Langley and Farnham Royal, which will include, we understand, ten per cent. of families containing at least one case of active tuberculosis. This figure, even if not fully achieved, will swell the present Tuberculosis Register very considerably, so that the number of active infectious patients may be at least doubled. Hospital beds, home visiting, care work and other environmental services will all have to be designed to meet the new situation. The first essential, however, is a new Chest Clinic and this, in my view, cannot be delayed.

Such a clinic would logically be placed in Slough, at a focal point for transport services, and in line with modern policy would be preferably allied with the outpatient department of a general hospital. It should be planned to deal with all the work of that part of the area that lies in Bucks., with due regard for the huge addition expected from the new housing estates. This would relieve the very inadequate sub-clinic now operating from cramped premises in Upton Hospital and, by taking over about half the present commitments of the Windsor Chest Clinic, leave the latter to accommodate patients in the Berkshire part of the area only.

The North West Metropolitan Regional Hospital Board has been asked to give urgent consideration to this suggestion.

TUBERCULOSIS.

Notification and Mortality.

Notifications of and deaths from tuberculosis, during the ten-year period 1943-1952, together with death rates per thousand of the population, are given below:—

Year.	Primary Notifications.			Mortality.			
	Respiratory only.	All forms (including respiratory).	Respiratory only.		All forms (including respiratory).		
			Number.	Rate.	Number.	Rate.	
1943	158	216	131	0.36	164	0.45	
1944	183	248	119	0.33	144	0.40	
1945	179	240	131	0.37	157	0.44	
1946	176	245	114	0.32	132	0.37	
1947	266	312	135	0.37	148	0.41	
1948	318	376	114	0.31	126	0.34	
1949	319	380	102	0.27	112	0.30	
1950	314	383	62	0.16	70	0.18	
1951	309	365	56	0.14	72	0.18	
1952	292	345	50	0.13	58	0.15	

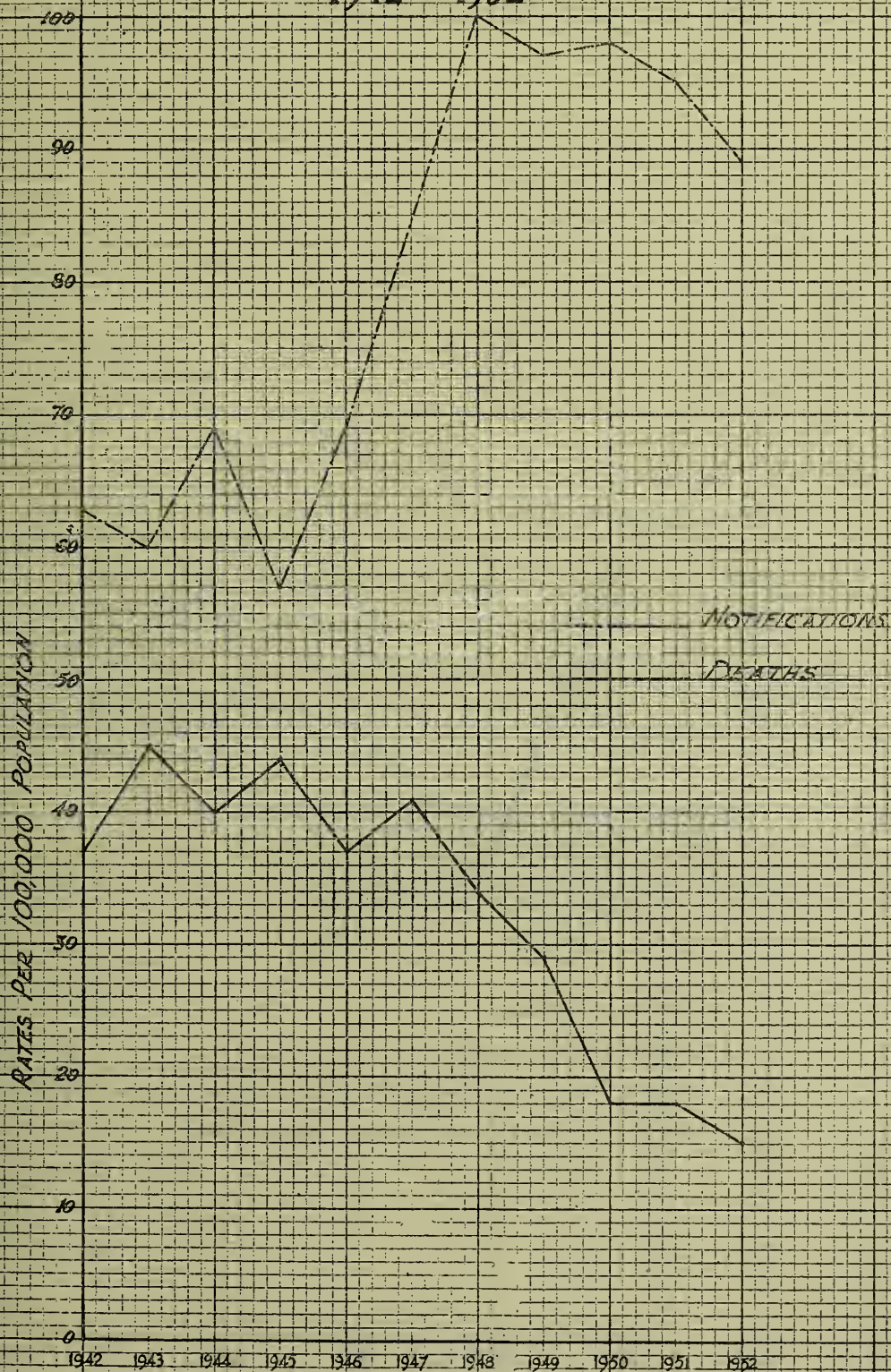
The following are the particulars of the notifications and deaths during the year under review, set out in age groups:—

Age Groups.	Primary Notifications.				Deaths.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1	1	2	—	—	—	—	—	—
1—5	1	2	—	6	—	—	1	—
5—15	5	11	9	7	—	—	—	—
15—25	27	51	7	7	1	2	—	—
25—45	61	54	2	9	13	4	3	1
45—65	46	18	4	2	11	6	1	1
65—75	9	2	—	—	8	3	—	—
75 and over	2	—	—	—	2	—	1	—
Totals	152	140	22	31	35	15	6	2

BUCKINGHAMSHIRE

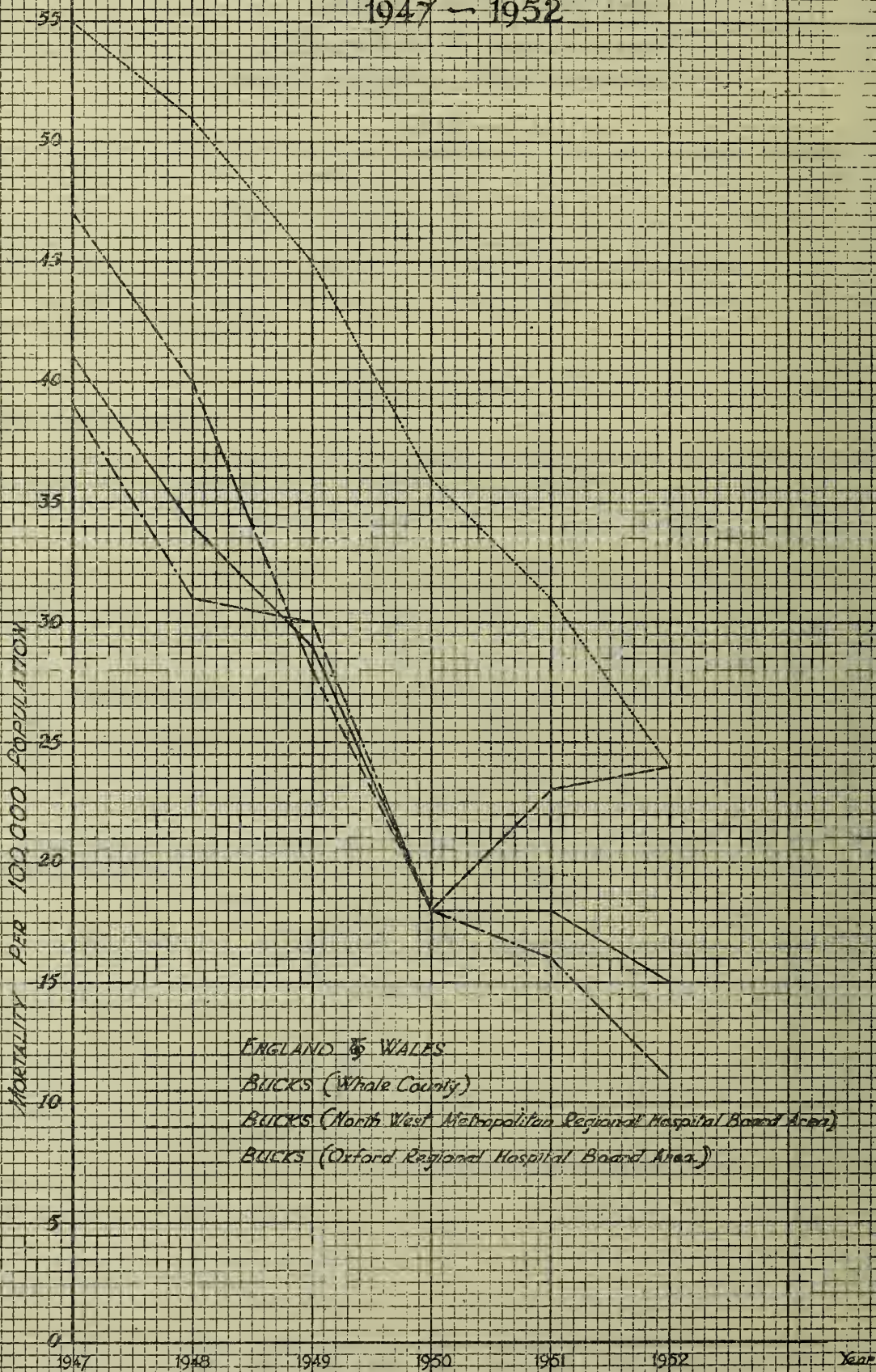
TUBERCULOSIS (All forms) NOTIFICATION and DEATH RATES

1942 - 1952



TUBERCULOSIS MORTALITY

1947 - 1952



RETURN RELATING TO THE WORK OF THE CHEST CLINICS

during the year ended 31st December, 1952.

DIAGNOSIS.	RESPIRATORY.			NON-RESPIRATORY.			TOTAL.			Total Grand
	Adults		Children	Adults		Children	Adults		Children	
	M	F		M	F		M	F		
A. (1) Register at beginning of year	889	658	130	81	78	102	970	736	232	1,938
(2) Transfers—in	70	50	6	3	4	2	79	54	8	141
(3) Transfers from child register	—	2	—	6	—	—	6	2	—	8
(4) "Lost sight of" returned	—	1	—	—	—	—	—	1	—	1
B. New cases added { Minus ...	53	58	19	15	22	14	68	80	33	181
{ Plus ...	91	55	5	2	4	—	93	59	5	157
Totals A. & B.	1,109	824	160	107	108	118	1,216	932	278	2,426
C. Removals from Register										
(1) Recovered	41	23	5	7	12	9	48	35	14	97
(2) Died	43	13	1	2	1	—	45	14	1	60
(3) Transfers—out	56	49	7	3	5	4	59	54	11	124
(4) Child transferred to adult	—	—	2	—	—	6	—	—	8	8
(5) Others	14	15	3	4	5	—	18	20	3	41
Totals of C.	154	100	18	16	23	19	170	123	37	330
D. (1) Register at end of year	955	724	142	91	85	99	1,046	809	241	2,096
(2) Number of positive sputums last six months	146	69	1	—	—	—	146	69	1	216
E. (a) Number of first exams.	—	—	—	—	—	—	1,581	1,674	973	4,228
(b) New Contacts:										
(1) Tuberculous ...	—	—	—	—	—	—	3	8	6	17
(2) Non-Tuberculous	—	—	—	—	—	—	255	392	530	1,177
(3) Not determined ...	—	—	—	—	—	—	—	—	3	3

SECTION 29—DOMESTIC HELP SERVICE.

At the end of the year there were two full-time and 387 part-time helps employed as compared with two full-time and 405 part-time at the end of 1951. The number of householders assisted during the year in the various districts in the County was as follows:—

Area.	Acute Sick.	Chronic Sick.	Old Age.	Tuber- culosis.	Maternity.	Total.
Aylesbury Borough	21	27	11	1	24	34
Aylesbury Rural	4	10	14	1	6	35
Amersham Rural West	1	4	1	—	1	7
Beaconsfield	2	—	—	—	2	4
Bletchley	36	38	10	3	7	94
Buckingham	2	6	2	—	2	12
Chesham	48	54	26	8	11	147
Eton Rural	1	6	3	—	—	10
Gerrards Cross	17	21	11	5	15	69
High Wycombe Borough	31	53	17	14	62	177
Marlow	1	1	—	1	—	3
Newport Pagnell	6	2	4	3	2	17
Olney	1	1	4	—	—	6
Slough Borough	77	125	129	20	39	390
Stony Stratford	8	8	13	—	1	30
Wing	5	7	11	3	2	28
Winslow	5	16	7	1	16	45
Wolverton	31	62	27	5	9	134
Wycombe Rural	3	8	3	—	16	30
Total	300	449	293	66	215	1,322

SECTION 51—MENTAL HEALTH SERVICE.

Account of work undertaken in the community.

(a) Prevention of Illness, Care and After-Care.

Action under this section was taken in nineteen cases during the year, including one new case referred by the Ministry of Pensions and one from other sources; ten cases ceased to be under care.

(b) Lunacy and Mental Treatment Acts, 1890—1930.

During the period 1st January to 31st December, 1952, the Authority's Officers dealt with 153 cases admitted under Reception Orders and 15 as Temporary Patients. In addition 112 cases known to the Department were admitted as Voluntary Patients. In numerous cases advice was given where statutory action was not ultimately necessary.

(c) Mental Deficiency Acts, 1913-1938.

(i) Ascertainment.

121 cases of mental defect have been ascertained during the year, being an increase of 26 over the 1951 figure. Of these, 79 were notified under the Education Act, 1944. An additional 13 cases were reported but found not subject to be dealt with.

The reported number of defectives in community care in the Authority's area, on 31st December, 1952, including those on licence from hospitals, was:—

In certified hospitals	...	...	...	...	...	...	...	...	...	578
On licence from hospitals	...	...	...	...	...	...	...	...	...	62
Under guardianship	...	...	...	...	...	...	...	...	...	31
Statutory supervision	...	...	...	...	...	...	...	...	...	412
Voluntary supervision or friendly oversight	...	...	...	...	...	...	...	...	...	225
										1,308

Included in the above figures are the following who have been approved for institutional care but were not admitted as on 31st December, 1952:—

	Males.	Females.	Total.
(a) Under 16 years	41	10	51
(b) Over 16 years	19	16	35
Total	60	26	86

(ii) Guardianship and Supervision.

In four cases the form of care was varied from institution to guardianship, after period of licence.

(iii) Training.

From 1st April, 1952, the Occupation Centre at Slough reverted to direct control of the Authority. This was at the request of the Bucks Voluntary Association for Mental Welfare who had undertaken most helpful pioneer work since 1942. There were 21 children on the register of the Centre at 31st December, 1952.

A further Occupation Centre for twelve children from High Wycombe and district has been started during the last weeks of the period under review.

The home tuition scheme, administered by the Bucks Voluntary Association for Mental Welfare for the authority, provides training for a total of 34 mental defectives. As an extension of this scheme, small groups are held in Chesham, Aylesbury and Buckingham, which are attended by five, seven and three children respectively.

SECTION 'C'—NATIONAL ASSISTANCE ACT, 1948.

PROVISION OF RESIDENTIAL AND TEMPORARY ACCOMMODATION.

REPORT OF THE COUNTY ASSISTANCE OFFICER.

During the year under review the difficulties in providing accommodation for persons considered to be the responsibility of the Council under Part III of the National Assistance Act, 1948, were less acute on account of the provision of additional accommodation, but the fact that the beds available to the Hospital Authorities operating in the County appeared to be insufficient was the cause of considerable difficulty so far as old persons was concerned.

The new hostel at Redfield, Winslow, opened in July was soon filled to capacity. The property known as Round Coppice, Iver Heath, which was acquired in the early part of the year for housing active people was, for various reasons, given up.

A new hostel for accommodating 40 persons was commenced in Aylesbury and by the end of the year building work was well in hand.

All admissions to the Council's accommodation continue to be made in order of merit and this procedure is working satisfactorily.

The Council in consultation with local Housing Authorities, has been endeavouring to obtain suitable land on new Housing Estates so that old persons' hostels can be erected there. By the end of the year, three such sites had been provisionally arranged.

Following negotiations with the several Housing Authorities in the County in respect of homeless persons, at High Wycombe 14 temporary housing units are available and four Housing Authorities concerned have the first call as follows:—

In the Borough of Slough, there are four temporary housing units available. During the last three months of the year, the two units of accommodation available to the County Council in the 'serviced' accommodation at Upton Hospital have been more or less permanently occupied.

Voluntary Organisations.

Return of Persons Resident in Accommodation Provided by the Council at 31st December, 1952.

The number of persons for whom the Council is responsible under Part III of the National Assistance Act, 1948, was 66 more on the 31st December, 1952, than on the corresponding date in 1951.

A.—WELFARE OF THE BLIND.

Registration. The number of registered blind persons at 31st December, 1952, was 580. For the year ended 31st March, 1952, the number was 557. Of the 580 cases registered, 313 were females and 267 males. During the nine months under review, 53 new cases were registered and there were 10 transfers in. Removals from the register for various reasons, e.g., death, left County, etc., totalled 40.

0	1	2	3	4	5-10	11-15	16-20	21-30	31-39	40-49	50-59	60-64
1	1	2	1	3	6	7	10	17	34	46	59	49
(1)	(2)	(1)	(3)	(1)	(4)	(10)	(9)	(21)	(29)	(48)	(61)	(50)

39

Register of Partially Sighted Cases. The County Council's Scheme approved by the Minister of Health under Sections 29 and 30 of the National Assistance Act provides that a register shall be kept of partially sighted cases, i.e., persons who are substantially and permanently handicapped by congenitally defective vision or in whose case illness or injury has caused defective vision of a substantial and permanently handicapping character.

The number of partially sighted cases on the register at 31st December, 1952 was 101 (52 females, 49 males), the age classification, in the form required by the Ministry, being as follows:—

0	1	2	3	4	5—10	11—15	16—20	21—30	31—39	40—49	50—59	60—64
—	—	—	—	—	12	11	3	5	4	12	7	6
(—)	(—)	(—)	(—)	(—)	(10)	(8)	(3)	(4)	(3)	(7)	(5)	(7)

65—69.	70 and over.	Age N.K.
12	29	—
(8)	(21)	—

For the full year ended 31st March, 1952, the number registered was 76 (40 females, 36 males).

Observation Register. There were 110 cases under observation with a view to maintaining contact in the event of subsequent certification as blind or partially sighted.

During the year under review, two of these cases were certified as partially sighted and two as blind.

Employment.

(i) **Homeworkers** The Royal London Society for the Blind (formerly known as The Royal London Society for Teaching and Training the Blind) operate the Homeworkers' Scheme in the County and at 31st December, 1952, there were 15 blind persons in Class A and 4 in Class B. The scheme has functioned quite well during the year.

The following table shows the numbers and the occupations of the homeworkers in the respective classes:—

Class A.					Class B.				
Basket Workers	...	...	...	7	Basketry and Seating	...	...	...	1
Machine Knitters	...	...	...	2	Hand Knitters	...	...	...	1
Music Teacher	...	...	...	1	Machine Knitters	...	...	...	1
Piano Tuners	...	...	...	4	Piano Tuners	...	...	...	1
Physiotherapist	...	...	...	1					

(ii) **Workshop Employees.** There has been no addition during the year under review to the one female blind machine knitter from this County in the London workshops operated by the Royal London Society for the Blind.

(iii) **Other Employment.** The Placement Service of the National Institute for the Blind has been utilised in those instances where rehabilitation and/or training was considered necessary. The appropriate arrangements were effected in conjunction with the officers of the Ministry of Labour. Unfortunately the employment situation generally has not been good and it has been found most difficult to obtain placement of blind persons.

At the end of December, 1952, there were 78 blind persons usefully employed and nine were in training.

The following table gives details of employment of blind persons:—

Agricultural Workers	...	...	...	1	Massage and Physiotherapy	...	...	2
Basket Workers	...	...	...	3	Mat Makers	...	...	3
Boot Repairers	...	...	...	1	Newsvendors and Hawkers	...	...	1
Carpenters and Woodworkers	...	...	...	1	Piano Tuners	...	...	2
Clerks and Typists	...	...	...	5	Porters, Packers and Cleaners	...	...	4
Craft Instructors	...	...	...	2	Poultry Keepers	...	...	3
Dealers and Shopkeepers	...	...	...	6	School Teachers	...	...	1
Domestic Workers	...	...	...	1	Telephone Operators	...	...	7
Factory Operatives	...	...	...	21	Upholsterers	...	...	2
Firewood Workers	...	...	...	1	Open Employment other than catalogued	...	...	6
Gardeners	...	...	...	2	Miscellaneous	...	...	2
Legal Profession	...	...	...	1				

Home Teaching Service. During the year the Count Council appointed another qualified Home Teacher and there are now five home teachers at work in the County.

The following is a summary of work carried out through the home teaching service during the period 1st April—31st December, 1952.

Total number of visits paid	4,290
Total number of lessons given:—	
Braille	252
Moon	115
Rugmaking	3
Leatherwork	3
Cane and Basket Work	41
Stringbag	23
Typewriting	2
Handwriting	10
Other Handicrafts	10
Total	459

Social Centres. There has not been any addition during the year to the number of centres already established in the County. Great interest in the various activities is being shown by the blind persons attending the respective centres.

The following are particulars of the centres operating in the County:—

Place.	Type.	Centre Days.	Average Attendance.
Aylesbury.	Social.	Tuesdays.	15
Chesham.	Social.	Alternate Mondays.	70
Wolverton.	Social.	Alternate Tuesdays.	45
Wycombe.	Social.	1st and 3rd Tuesdays.	22
Slough.	Social.	3rd Tuesdays.	35

General Social Welfare. The respective divisional Committees, in conjunction with the County Executive Committee of the Bucks Association for the Blind have maintained their activities in connection with the general social welfare for blind persons in the County. Outings and social gatherings have been arranged and there continues to be a good demand for handicraft materials which are supplied at cost price. Blind aids of many types have also been provided free or at reduced charges by the Association.

Katharine Knapp Home for the Blind.

During the year under review, the available accommodation has been well utilised. At 31st December there were 19 permanent residents and during the year 26 blind persons from various parts of the County spent holiday periods at the Home.

The local organisations still continue to carry on the good work of entertaining the residents and during the year several residents attended the meetings of the Wycombe Blind Club and also the Christmas party at Chesham.

The Home annual outing took place in July when the residents, staff and friends paid a visit to Whipsnade Zoo.

B. DEAF AND DUMB.

The Oxford Diocesan Council for the Deaf and Dumb acts as Agent for the County Council in developing welfare services for the deaf and dumb in the County.

The following particulars of cases in the County for the year under review have been supplied by the Diocesan Council:—

Under 5 years	Male	1 (0)
	Female	3 (3)
5-16 years	Male	24 (24)
	Female	12 (13)
Over 16 years	Male	83 (88)
	Female	81 (83)
Total		204 (211)

(The figures in brackets relate to the previous year and are quoted for reference.)

In their Annual Report for the year 1952-3 the Diocesan Council record that monthly social clubs have been established at Aylesbury with an average attendance of 20 and at High Wycombe with an average attendance of 15. The Slough Deaf Social Club which is in association with the Slough Centre Committee has been operating for some time and appears to be most active.

WELFARE SERVICES FOR HANDICAPPED PERSONS OTHER THAN THE BLIND AND PARTIALLY SIGHTED.

During the year formal Schemes for the provision of Welfare Services for deaf and dumb persons and for persons substantially and permanently handicapped by illness, injury or congenital deformity were approved by the County Council for submission to the Ministry of Health in accordance with Circular 32/51 issued by the Minister.

The adoption of these schemes has done little more than formally regularise the position as the Council has already made arrangements under Section 28 of the National Health Service Act for dealing with the needs of these handicapped classes more or less on the lines indicated in the new schemes.

For instance, so far as the deaf and dumb and hard of hearing are concerned, the new scheme enables the County Council to use Voluntary Agencies so far as they are available.

Arrangements for the care of the deaf and dumb were already in being through the agency of the Oxford Diocesan Association, although this body is unable to accept responsibility for the needs of the hard of hearing.

It is proposed to cater for the hard of hearing by encouraging the formation of local clubs and the Council are now empowered to give financial assistance where considered necessary, although it is not anticipated that such need will be very great.

As regards the physically handicapped, e.g., arthritics, cardiac cases, injuries or congenital malformation, the scheme under Sections 29 and 30 of the National Assistance Act will to a large extent replace provision made previously under Section 28 of the National Health Service Act, 1946.

The four Care Committees which are in essence voluntary organisations, subsidised by the County Council, will undertake the work, which will, however, have to be put on a rather more formal basis in view of the requirement to keep fairly comprehensive registers, and the need to furnish more detail of their work to the Health Department.

There are, of course, many advantages in doing this work through the Care Committees rather than directly by the County Council, not the least being that they collect substantial sums of money by voluntary effort.

The additional cost of implementing the new schemes should be small, since in the main it is a transfer of functions rather than new work.

One additional almoner has been appointed and the staff now employed on welfare services for the handicapped is referred to in detail in Section 10 of the Survey Report, "Prevention, Care and After-Care."

SECTION D.—SANITARY CIRCUMSTANCES OF THE AREA.

1. Water Supply.

The Bucks Water Board was formed in 1937, and has five constituent authorities:—

- Bucks County Council.
- Aylesbury Rural District Council.
- Buckingham Rural District Council.
- Wing Rural District Council.
- Winslow Rural District Council.

The Board's area of supply covers these four rural districts, the Borough of Aylesbury, the Urban District of Tring and small parts of the Rural Districts of Amersham, Berkhamsted and Wycombe. The Engineer of the Bucks Water Board has kindly supplied the following information:—

The Board's main sources of supply are situated at Wendover, New Ground, Hawridge and Battlesden. The Wendover source lies midway between Wendover and Great Missenden, and is a chalk source. No treatment beyond simple aeration and routine chlorination is required. New Ground lies between Tring and Berkhamsted, and Hawridge just north of Chesham. Battlesden, which lies in Bedfordshire, supplies water derived from boreholes in the lower greensand; here aeration, sedimentation and rapid gravity filtration is the order of treatment.

In addition to these main sources, the Board also operates several sources which formerly belonged to the Rural Districts Water Company; the chief of these sources is that at Hampden Bottom.

During the year 1952 progress has been made on the Board's River Great Ouse works. These works, which will have an ultimate yield of two million gallons a day, will augment the Board's existing sources and also afford supplies to the Wolverton and Newport Pagnell Urban Districts in Bucks and Towcester and Brackley Rural Districts in Northants. The works for treating the water to be abstracted from the River Great Ouse are located at Foxcote to the north-east of the town of Buckingham. These treatment works include a laboratory which the Board will very shortly be equipping. A chemist and bacteriologist has already been appointed.

During 1952 the Board sought the approval of the Ministry of Housing and Local Government to a further development of their sources at Hampden Bottom in the Chiltern Hills. The Ministry's approval has been obtained and a new borehole is about to be sunk at this site. As soon as pipes are delivered a new 12-inch main will be laid from Hampden to the Board's existing pumping station at Wendover Dene.

Many lengths of main have been laid, partly to supply new housing sites and partly to serve agricultural interests. A total length of nearly 7,000 yards was laid during the year under review.

The total quantity of water supplied by the Board during the year ended 31st March, 1953, was 1,734,700,000 gallons, an average of 4,752,000 gallons per day. Of this total 1,477,331,000 gallons were supplied within the Board's area, and were made up as follows:—

Metered Consumption.	Gallons.	Gallons.
(a) Agricultural	235,881,000	
(b) Trade	271,545,000	
(c) Camps and Service Departments	199,451,000	
		<hr/>
		706,877,000
Unmetered consumption		770,454,000
		<hr/>
Total		1,477,331,000
		<hr/>

During the year regular samples of water have been taken both from consumers' taps and from various sources. The results of these samples indicate that the water supplied by the Board conforms to the high standard of that required from any Public Supply Authority.

The Local authorities in the County are served by the Water Undertakers shown below:—

Local Authority.	Water Undertakers.
BOROUGHES.	
Aylesbury	The Bucks Water Board.
Buckingham	Buckingham Borough Council.
Slough	Slough Borough Council.
	The Burnham Water Company.
	The Slough Estates, Ltd.
Wycombe	Wycombe Borough Council.
URBAN DISTRICTS.	
Beaconsfield	Rickmansworth and Uxbridge Valley Water Company.
	The Marlow Water Company.
Bletchley	Bletchley Urban District Council.
Chesham	Chesham Urban District Council.
	Rickmansworth and Uxbridge Valley Water Company.
	Great Berkhamsted Water Company.
Eton	Borough of New Windsor.
Linslade	Linslade Urban District Council.
Marlow	The Marlow Water Company.
Newport Pagnell	Newport Pagnell Urban District Council.
Wolverton	Wolverton Urban District Council.
RURAL DISTRICTS.	
Amersham	The Bucks Water Board.
	The Rickmansworth and Uxbridge Valley Water Company.
	The Great Berkhamsted Water Company.
Aylesbury	The Bucks Water Board.
Buckingham	The Bucks Water Board.
Eton	The Rickmansworth and Uxbridge Valley Water Company.
	Slough Borough Council.
	The Burnham, Dorney and Hitcham Water Company.
	The South-West Suburban Water Company.
Newport Pagnell	Newport Pagnell Rural District Council.
	Stoke Goldington Water Company.
Wing	The Bucks Water Board.
Winslow	The Bucks Water Board.
Wycombe	Wycombe Rural District Council.
	Wycombe Borough Council.
	The Rickmansworth and Uxbridge Valley Water Company.
	The Bucks Water Board.
	The Marlow Water Company.

RURAL WATER SUPPLIES AND SEWERAGE ACT, 1944.

Schemes of Water Supply conditionally approved by the County Council under Section 2(2) of the Act to
31st December, 1952.

Local Authority.	Parish.	Percentage of Scheme Completed.
Amersham R.D.C.	Ashley Green	100%
	Chartridge	
	Cholesbury	
	Coleshill (Amended)	
	Chalfont St. Giles	
	Latimer	
	Great and Little Missenden	
Aylesbury R.D.C.	Penn	100%
	Wellwick	100%
Birchmoor Joint Committee	Woburn Sands	60%
Buckingham R.D.C.	Buffler's Holt	100%
	East Claydon	100%
	Middle Claydon	
Eton R.D.C.	Burnham (Littleworth Common)	100%
	Dorney (Boveney)	100%
	Dorney (Lake End)	100%
	Taplow	100%
	Wraysbury (Nursery Lane)	100%
Newport Pagnell R.D.C.	Cold Brayfield	—
	Great Linford	—
	Loughton	—
	Moulsoe Link Main	100%
	Olney	100%
	Olney Park } Part 1	
	Warrington } Part 2	
	Regional Water Supply Scheme	—

(ii) **Sewerage and Drainage.** The Rural Water Supplies and Sewerage Act, 1944, enables the Ministry of Housing and Local Government and the County Council to make financial contributions towards schemes of water supply, sewerage and sewage disposal in rural localities. The Act requires Local Authorities to consult the County Council before submitting schemes to the Minister and to report to the Minister the observations, if any, of the County Council. This arrangement enables the County Council to express their views on the scope of schemes in their area and to encourage and assist local authorities in considering and determining the scope of comprehensive schemes when circumstances indicate that such schemes are preferable to a more local solution.

The Rural District Councils have made a good response to the facilities provided by the Act—and have in many cases employed consulting engineers for the preparation of suitable schemes. The following list shows the schemes submitted to the County Council since the Act came into operation and which have received conditional approval for the purposes of Section 2(2) of the Rural Water Supplies and Sewerage Act, 1944.

RURAL WATER SUPPLIES AND SEWERAGE ACT, 1944.

List of Schemes submitted under the Act to 31st December, 1952.

(1)	(2)	(3)	(4)	
Local Authority.	Parish.	Population provided for.	Total for each Authority.	
Aspley Guise Joint Committee ...	Wavendon	600	2,200	
	Woburn Sands	1,600		
Aylesbury R.D.C.	Dinton	485	7,667	
	Hardwick and Weedon	682		
	Kingswood and Grendon Underwood	400		
	Long Crendon	1,400		
	Ludgershall	300		
	Oakley	450		
	Oving	345		
	Quainton	1,200		
	Stoke Mandeville	815		
	Stone	630		
	Upper Winchendon	160		
	Worminghall and Ickford	800		
Buckingham R.D.C.	Adstock	300	4,250	
	Akeley	350		
	Charndon	700		
	Marsh Gibbon	600		
	Padbury	500		
	Thornborough	550		
	Tingewick	800		
	Twyford	450		
Eton R.D.C.	Farnham Royal	14,240	34,860	
	Hedgerley			
	Stoke Poges			
	Stoke Common			
	Wexham			
	Fulmer	8,000		
	Denham			
	Dorney			
	Taplow	3,620		
	Datchet			
	Wraysbury			
Horton	9,000			
Newport Pagnell R.D.C.	Bow Brickhill	450	Revised Schemes.	
	Bradwell	600		
	Castlethorpe	700		
	Emberton	470		
	Hanslope	1,300		
	Lavendon	630		
Wing R.D.C.	Cheddington and Marsworth	856	4,150	
	Dagnall	375		
	Ivinghoe Aston	195		
	Ivinghoe (Great Gap)	42		
	Littleworth and Burcott	352		
	Northall	245		
	Pitstone	436		
	Rowsham	133		
	Slapton	175		
	Soulbury	675		
	Stoke Hammond	350		
	Winslow R.D.C.	Drayton Parslow		450	Revised Scheme.
Granborough		500		
Great and Little Horwood		1,000		
North Marston		500		
Stewkley		1,300		
Swanbourne and Mursley		1,100		
Winslow		2,000		
Wycombe R.D.C.	Wooburn Valley Scheme	16,000	6,850	
Total		79,811	79,811	

Work on 19 of the above Schemes was fully or partially completed at 31st December, 1952, as shown below:—

SCHEMES OF SEWERAGE AND SEWAGE DISPOSAL.

Progress Report to 31st December, 1952.

Local Authority.	Scheme.	Total Est. Cost.	Percentage of Scheme Completed.
Aylesbury R.D.C.	Stone	£ 15,400	100%
	Stoke Mandeville	36,500	100%
Buckingham R.D.C.	Tingewick	20,900	100%
	Thornborough	35,500	85%
Eton R.D.C.	Denham (Aproximately 50% of Scheme)	202,154	11%
Wing R.D.C.	Great Gap Ivinghoe	2,320	75%
	Ivinghoe Aston	9,650	95%
	Littleworth & Burcott	31,000	95%
	Marsworth	17,250	100%
	Pitstone	24,150	100%
	Slapton (Church Road)	5,550	65%
	Soulbury	30,850	95%
	Wingrave	23,450	5%
Winslow R.D.C.	Drayton Parslow	15,800	100%
	North Marston	20,000	100%
	Stewkley	35,000	100%
	Winslow	22,200	100%
	Great & Little Horwood	29,500	100%
Birchmoor Joint Committee	Woburn Sands	9,400 (First instalment)	100%

(iii) **Housing.** The progress report showing the position of the Bucks Rural Housing Survey as at 31st December, 1952, in each of the rural districts of the County is set out below.

HOUSING SURVEY.

Progress Report to 31st December, 1952.

	Amer.	Ayles.	B'ham.	Eton.	N. Pag.	Wing.	W'nslow.	Wyc.	Total.
Estimated total number of houses to be surveyed ...	3,313	4,400	2,181	5,768	4,780	2,651	1,450	7,749	32,292
Houses inspected and classified in accordance with the Hobhouse Report:—									
CATEGORY CLASSIFICATION.									
1. Satisfactory in all respects	390	423	81	2,938	2,471	1,283	457	2,836	10,879
2. Minor defects only ...	667	246	265	1,724	865	871	314	2,772	7,724
3. Requiring structural alteration or repair ...	945	1,700	323	638	357	203	376	1,071	5,613
4. Suitable for reconditioning	334	624	141	348	118	103	50	134	1,852
5. Unfit for habitation and requiring demolition ...	372	587	241	120	103	191	46	936	2,596
NUMBER OF HOUSES remaining to be surveyed	605	820	1,130	—	866	—	207	—	3,628
	3,313	4,400	2,181	5,768	4,780	2,651	1,450	7,749	32,292

With reference to new housing, the Ministry of Health commenced publication of Housing Progress Reports in January, 1946, and the following table shows the progress made by the local authorities in Bucks to 31st December, 1952.

New Housing—Summary of Progress to 31st December, 1952.

Local Authority.	Temporary Houses. Completed.	Permanent Houses.		War Destroyed Houses Rebuilt.
		Under Construction.	Completed.	
BOROUGHGS.				
Aylesbury	147	135	1,311	—
Buckingham	15	13	189	—
High Wycombe	50	324	1,720	—
Slough	400	295	1,287	16
URBAN DISTRICTS.				
Beaconsfield	—	47	376	—
Bletchley	—	107	932	—
Chesham	35	86	400	—
Eton	12	29	199	1
Linslade	—	15	199	—
Marlow	—	62	244	1
Newport Pagnell	—	18	105	—
Wolverton	90	91	215	—
RURAL DISTRICTS.				
Amersham	90	476	1,442	12
Aylesbury	—	237	850	—
Buckingham	49	19	301	—
Eton	—	233	1,340	20
Newport Pagnell	—	77	454	—
Wing	—	108	414	1
Winslow	—	47	275	—
Wycombe	80	308	1,468	—
Totals	968	2,727	13,721	51

SECTION E. INSPECTION AND SUPERVISION OF FOOD.

The Chief Inspector submits the following report for 1952:—

(i) Food and Drugs (Compositional Quality).

1,487 samples of food and drugs were procured; of these 523 were submitted to the Public Analyst who reported adversely upon 65 of them. The remaining 964 were milk samples tested by the Inspectors in their own laboratory and found to be genuine or to vary but slightly from the standard laid down by Sale of Milk Regulations. The 523 samples sent to the Public Analyst included 90 samples of milk, comprising 47 suspected of adulteration and 43 consequential "follow-up" samples, i.e., taken on "appeal to cow" or in course of delivery.

In accordance with the arrangements for the supervision of the milk supplies under the Milk in Schools Scheme, 431 informal samples were procured from the milk delivered to Schools. These were satisfactory. In addition, samples of milk were taken at the various institutions in the county, and on behalf of Hospital Management Committees, Educational Establishments, Residential Nurseries, School Canteens and Children's Homes.

The proportion of samples adversely reported upon by the Public Analyst rose from 8.24 per cent. in 1950 to 10.19 per cent in 1951 and to 12.43 per cent. in the present year.

There were ten prosecutions for the adulteration of milk with water; one for obstructing a sampling officer and one for selling milk unfit for human consumption.

In all, there were twelve cases before the Courts during the year and fines and costs amounting to £132 1s. were imposed.

(ii) Food and Drugs Acts and Milk and Dairies Regulations (Bacteriological Quality).

1,441 samples of milk, involving 17,524 cows, were taken from farms for biological examination to detect the presence of tubercle infection; the same samples were also tested biologically for *Brucella abortus* or *Brucella melitensis*. 211 were infected (34 with tubercle bacilli and 177 with brucella). The appropriate District Medical Officers were informed of the infections immediately they were discovered so that human consumption of the infected milk in its raw state could be prevented.

A further 81 samples were procured from the raw milk delivered to schools in connection with the supervision of milk under the Milk in Schools Scheme. None of these were found tuberculous, but three were brucella infected. In addition 388 samples of "Pasteurised" milk delivered to schools were checked; 29 were unsatisfactory in varying degrees due to under heat treatment or careless handling on the part of the distributors. The causes were brought to the notice of the processors and they were promptly rectified.

The Ministry of Agriculture and Fisheries reported that following upon reports made to them by the Chief Inspector's Staff 26 cows were slaughtered during the year.

The milk of ten cows suffering from other diseases affecting the milk was prohibited from sale by the Chief Inspector.

276 check-samples of 'Pasteurised' milk were procured from eleven pasteurising plants licensed by the County Council where approximately 12,000 gallons of milk are pasteurised daily. Of these, only 15 samples were found to be unsatisfactory, due to temporary faults which were promptly corrected.

SECTION F. PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASE.

(i) Poliomyelitis.

The number of confirmed cases of poliomyelitis notified during the year showed a considerable increase, being 104 compared with 48 the previous year. Of the 104 cases, 67 were paralytic and 37 non-paralytic.

The cases notified were distributed throughout the County, 55 from Urban and 49 from Rural Districts.

Outbreak of Poliomyelitis in a Private Nursing Home in Aylesbury.

During September and October, 1952, a small outbreak of poliomyelitis in which the cases affected were four newborn infants, occurred in a private nursing home in Aylesbury. Two unusual features seem to make it worth recording, first because the occurrence of poliomyelitis among new-born babies is uncommon, and second because cases of poliomyelitis are rarely grouped together in such close association.

The following account is brief, but a more detailed report will be published elsewhere.

The nursing home was registered to accommodate 13 patients in five single, one double and two three-bedded rooms. It had been open for seven years and the full complement of staff which was employed at the commencement of the outbreak included the Matron, three Staff Nurses, four Assistant Nurses and a domestic staff of five.

Regular inspections had been carried out by a Senior Medical Officer of the Public Health Department at yearly intervals, but on each occasion the home was considered to be well run and nothing was found which called for adverse comment. It was registered for maternity, medical and convalescent cases and at the end of September, 1952, there were 14 maternity cases and one medical case in the home. All the maternity cases had been admitted between the 20th September and the 4th October, in consequence of which the nursery had become overcrowded.

During 1952 there were 3,902 notifications of poliomyelitis in England and Wales and of these 104 were notified in the County of Buckingham. The majority of cases notified were from the more populated area in the south and there had not been an excessive number of cases in the central part of the County whence most of the patients were admitted to the nursing home.

The events which took place are summarised in the following table.

	J.P.	K.S.	P.J.	J.G.
Date of mother's admission	10.9.52	11.9.52	20.9.52	4.10.52
Date of Birth	14.9.52	12.9.52	23.9.52	5.10.52
Date of discharge	25.9.52	23.9.52	6.10.52	16.10.52
Date of onset of illness	29.9.52	30.9.52	5.10.52	15.10.52
Admitted to Isolation Hospital	2.10.52	—	6.10.52	16.10.52
	Died.	Recovered.	Died.	Died.
	3.10.52		7.10.52	17.10.52

On the 6th October, two infants born in the nursing home who had been admitted to Stoke Mandeville Isolation Hospital were notified as suffering from poliomyelitis. On the advice of Dr. J. T. C. Sims-Roberts, the Medical Officer of Health of the Borough of Aylesbury, the nursing home was immediately closed to further admissions. One case, J.P., was born on the 14th September, discharged on the 25th September, became ill on the 29th September, and was admitted to the Isolation Hospital on the 2nd October. The other, P.J., was born on the 23rd September, became ill on the 5th October and was admitted to the Isolation Hospital on the 6th October. J.P. died on the 3rd October and P.J. on the 7th October.

The next case came to light when the mother took the child, K.S., born in the nursing home on the 12th September, to the child welfare centre in Aylesbury on the 7th October. A few days previously she had noticed immobility of the baby's left arm and the doctor at the welfare centre advised her to consult her family doctor without delay. She did not do so until this advice was

repeated two days later. On the same day the child was examined by the Paediatrician, Dr. D. MacCarthy, at Stoke Mandeville Isolation Hospital, where a diagnosis of paralytic poliomyelitis was made.

The fourth case, J.G., who was born on the 5th October, became ill on the 15th October. She was admitted to the Isolation Hospital on the 16th October. Her condition deteriorated rapidly and she died on the day after admission.

Dr. J. T. C. Sims-Roberts, District Medical Officer of Health, began investigating the outbreak immediately after the first two notifications had been received. He was assisted in his enquiries by Dr. W. H. Bradley and Dr. R. O. C. Thompson of the Ministry of Health. Owing to the unusual nature of the outbreak doubt was expressed at first as to whether the cases were in fact those of poliomyelitis, although clinical findings in all four cases warranted such a diagnosis. The possibility that a chemical poison had been administered orally was considered, but enquiries indicated that this was most unlikely and that the illnesses of the infants were due to infection by a neurotropic virus, most likely that of poliomyelitis. The diagnosis was however finally confirmed in three of the cases after various specimens had been examined at the Virus Reference Laboratory, Colindale Avenue, London, N.W.9.

All the nursing and domestic staff were interviewed, but no history of illness or of contact with other cases was elicited from anybody. The following contacts were however established:—

- (a) J.P. and K.S. were in cots next to one another in the nursery from 14th to 23rd September and their mothers shared a room. P.J. was in the nursery for two days with J.P.
- (b) Most of the members of the staff had been in contact with all four mothers and their infants.
- (c) No contact could be established between mothers or their families and visitors or the staff with known cases of poliomyelitis.

The last patient left on the 17th October and the nursing home re-opened for further admissions on the 7th November.

(ii) Diphtheria.

As mentioned earlier in the Report, no death from diphtheria occurred for the fifth year in succession and in fact the only confirmed case of diphtheria notified during the year was a girl aged eleven years, attending a private school, who had not been immunised.

(iii) General.

Details of all cases of infectious diseases notified during the year are set out in Table (g) of Section H.

SECTION G. GENERAL.

1. Local Government Act, 1933—Section III.

Review of Scheme for the Appointment of whole-time Medical Officers of Health.

In accordance with a request made by the Minister of Health to all County Councils, the arrangements in force under Section III of the Local Government Act, 1933 (formerly Section 58 of the Local Government Act, 1929) for the appointment of whole-time medical officers of health to combined districts have been reviewed during the year.

Proposals for revised arrangements which include a new combination of county districts for the appointment of medical officers of health and provision for the appointment of a deputy to each medical officer of health for a combination of districts have been discussed with representatives of the county district councils and a revised scheme is being submitted to the Minister of Health.

2. Nurseries and Child Minders' Regulation Act, 1948.

This Act, which came into force in 1948, provides for the registration and inspection of places, such as private day nurseries,, in which children are cared for by the day, and the registration in certain cases of persons known as daily minders, who look after other peoples' young children in their own homes.

During the year 1952 there was one new registration of premises, providing for twelve children. Two daily minders, allowed to care for seven and eight children respectively, were also registered, and in addition one registration was increased from ten to fifteen children.

The number registered at the end of 1952 was as follows:—

	Number Registered.	Number of Children provided for.
Premises	5	82
Daily Minders	6	52

3. Public Health Act, 1936.

Registration of Nursing Homes.

Four Nursing Homes were registered for the first time during the year and three closed voluntarily, leaving a total of 25 on the register at the end of 1952.

These 25 Nursing Homes provided for 72 maternity beds and 251 others, making a total of 323. A complete list of registered Nursing Homes is contained in Table (b) of Section H.

SECTION H.—TABLES, ETC.

(a) LIST OF SANITARY AUTHORITIES.

DISTRICT.	MEDICAL OFFICER OF HEALTH.
URBAN DISTRICTS.	
Aylesbury, Borough of	J. T. C. SIMS-ROBERTS, M.B., ch.B., D.P.H., Barrister-at-Law.
Beaconsfield	T. P. EVANS, M.R.C.S., L.R.C.P., D.P.H.
Bletchley	D. H. WALDRON, M.D., B.Ch., B.A.O., D.P.H.
Buckingham, Borough of ...	D. H. WALDRON, M.D., B.Ch., B.A.O., D.P.H.
Chesham	T. P. EVANS, M.R.C.S., L.R.C.P., D.P.H.
Eton	G. M. HOBBIN, M.B., ch.B., D.P.H.
Linslade	D. H. WALDRON, M.D., B.Ch., B.A.O., D.P.H.
Marlow	F. H. M. DUMMER, M.B., ch.B., D.P.H.
Newport Pagnell	C. H. F. BAILEY, M.R.C.S., L.R.C.P.
Slough, Borough of	M. A. CHARRETT, M.R.C.S., L.R.C.P., D.P.H.
Wolverton	D. W. A. BULL, M.D., M.R.C.S., L.R.C.P.
Wycombe, Borough of	A. J. MUIR, M.B., ch.B., B.Hy., D.P.H.

RURAL DISTRICTS.

Amersham	T. P. EVANS, M.R.C.S., L.R.C.P., D.P.H.
Aylesbury	J. T. C. SIMS-ROBERTS, M.B., ch.B., D.P.H., Barrister-at-Law.
Buckingham	D. H. WALDRON, M.D., B.Ch., B.A.O., D.P.H.
Eton	G. M. HOBBIN, M.B., ch.B., D.P.H.
Newport Pagnell	C. H. F. BAILEY, M.R.C.S., L.R.C.P.
Wing	D. H. WALDRON, M.D., B.Ch., B.A.O., D.P.H.
Winslow	J. T. C. SIMS-ROBERTS, M.B., ch.B., D.P.H., Barrister-at-Law.
Wycombe	F. H. M. DUMMER, M.B., ch.B., D.P.H.

(b) REGISTERED NURSING HOMES.

DISTRICT.	NAME AND ADDRESS.	DESCRIPTION.
ADSTOCK	Rose Villa, Adstock	Aged, Infirm.
AYLESBURY	The Gables, 123, Wendover Road Aylesbury	Maternity, Medical, Aged, Infirm.
BEACONSFIELD	Kinellan Nursing Home, Penn Road, Beaconsfield	Maternity, Medical, Minor Surgical, Aged, Infirm.
BEACONSFIELD	St. Joseph's, Candlemas Lane, Beaconsfield	Acute and Minor Surgical, Medical, Convalescent, Aged, Infirm.
BEACONSFIELD	Bryn Glyn, Penn Road, Beaconsfield	Medical, Convalescent, Aged, Infirm.
BEACONSFIELD	Rosslyn, Ledborough Lane, Beacons- field	Maternity, Acute and Minor Surgical, Medical, Convalescent, Aged, Infirm
BLETCHLEY	Red House Bungalow, High Street, Bletchley	Maternity.
*BOURNE END	Fieldhead, Bourne End	Aged, Infirm.
BURNHAM	Hitcham Place, Burnham	Voluntry, temporary and certified patients under the Mental Treat- ment Act, 1930.
FARNHAM COMMON	Withyfield, Green Lane, Farnham Common.	Maternity, Medical, Convalescent, Aged, Infirm.
GERRARDS CROSS	Lyncroft, Packhorse Road, Gerrards Cross	Convalescent, Aged, Infirm.
GERRARDS CROSS	Chalfonts Nursing Home, Packhorse Road, Gerrards Cross	Maternity, Acute and Minor Surgical, Medical, Aged, Infirm.
GERRARDS CROSS	White House (Annexe to Chalfonts), North Park, Gerrards Cross	Maternity, Medical, Convalescent, Aged, Infirm.
GERRARDS CROSS	Dawn House, South Park, Gerrards Cross	Medical, Convalescent, Aged, Infirm.
GREAT LINFORD	The Rectory, Great Linford	Convalescent, Aged, Infirm.
HIGH WYCOMBE	749, London Road, High Wycombe ...	Convalescent, Aged, Infirm.
OLNEY	90, High Street, Olney	Maternity.
SLOUGH	Parkside Nursing Home, Upton Court Road, Slough	Maternity, Acute and Minor Surgical, Medical, Convalescent, Aged, Infirm.
SLOUGH	Heathfield Nursing Home, 10, Uxbridge Road, Slough	Aged, Infirm.
STOKE POGES	Fulmer Grange, Stoke Poges	Medical, Minor Surgical, Aged, Infirm.
TAPLOW	Old Court, Bath Road, Taplow ...	Maternity, Acute and Minor Surgical, Medical, Convalescent, Aged, Infirm.
TINGEWICK	Tingewick Nursing Home, Tingewick	Maternity, Convalescent, Aged, Infirm.

*Reserved for Chronic Sick from W.V.S. Residential Clubs for elderly people.

(c) CHILD WELFARE CENTRES.

NAME OF CENTRE.	SITUATE,	DOCTOR ATTENDS
AMERSHAM (NEW TOWN)	Red Cross Hut, Chiltern Avenue, Woodside Road	Twice monthly
AMERSHAM (OLD TOWN)	British Legion Hall, Whielden Street	Do.
ASTON CLINTON	Baptist Church Hall	Monthly
AYLESBURY	The Clinic, Pebble Lane	Weekly
AYLESBURY—QUARRENDON	Quarrendon Community Centre, Bicester Road	Monthly
„ SOUTH COURT	Baptist Church Hall, Penn Road, Southcourt	Twice monthly
BEACONSFIELD	The Old Rectory	Twice monthly
BLEDLOW RIDGE	Village Hall, Bledlow Ridge	Monthly
BLETCHLEY	School Clinic, Bletchley Road	Weekly
BOURNE END	Red Cross Hut, New Road	Monthly
BRADWELL	Labour Hall, New Bradwell	Twice monthly
BRILL	The Institute	Monthly
BUCKINGHAM	Congregational School Room	Do.
BURNHAM	Village Hall, Gore Road	Twice monthly
CASTLETHORPE	Carrington Hall	Monthly.
CHALFONT ST. GILES	Memorial Hall	Do.
CHALFONT ST. PETER	Tythe Barn, Swan Farm	Twice monthly
CHARTRIDGE	Reading Room	See Lee Common
CHENIES	Florence Brown Memorial Hall, Chorley Wood	Monthly
CHESHAM	The School Clinic, Germain Street	Weekly
CIPPENHAM	Central Hall, Bower Way	Do.
DATCHET	Working Men's Club	Twice monthly
DENHAM and NEW DENHAM	Old Police Station	Thrice Monthly
DINTON	Village Hall	Monthly
DOWNLEY	Village Hall	Do.
EDLESBOROUGH	Memorial Hall	Do.
ELLESBOROUGH	Butler's Cross Parish Hall	Do.
ETON	College Arms, High Street	Do.
ETON WICK	Village Hall	Do.
FARNHAM ROYAL	Village Hall	Weekly
FLACKWELL HEATH	Temperance Hall	Monthly
GERRARDS CROSS	British Legion Hall	Do.
GREAT HAMPDEN	Parish Room	Do.
GREAT HORWOOD	Memorial Hall	Do.
GREAT KINGSHILL	Village Hall	Do.
GREAT MISSENDEN	War Memorial Hall	Twice monthly
HADDENHAM	Community Centre	Monthly
HALTON (Voluntary)	R.A.F. Camp, Halton	Twice monthly
HANSLOPE	Church Institute	Monthly
HAZLEMERE	Penn Road Methodist School Room	Twice monthly
HEDGERLEY	Memorial Hall	Monthly
HIGH WYCOMBE	Municipal Health Centre	Twice weekly
„ BOOKER	St. Birinus Church Hall	Twice monthly
„ SANDS	Methodist School Room	Twice monthly
„ TOTTERIDGE	Turner's Sports Pavilion	Twice monthly.
„ WEST WYCOMBE	Methodist Schoolroom	Monthly
„ WYCOMBE MARSH	St. Anne's Church Room	Twice monthly.
HODGMOOR	Theatre Hall, Hodgmoor Camp	Monthly
HOLMER GREEN	Wesleyan Chapel School Room	Do.
HORTON	Champneys Hall	Do.
HUGHENDEN VALLEY	Village Hall	Do.
IVER	Church Institute, Thorney Lane	Do.
IVER HEATH	Village Hall	Do.
IVINGHOE	Town Hall	Twice monthly
KIMBLE	Stewart Hall	Monthly
LANE END	Memorial Hall	Do.
LANGLEY	Women's Institute Hall	Do.
LAVENDON	Clubroom, George Inn	Do.
LEE COMMON	Youth Club Hall	Do.
LINSLADE	Forster Institute	Do.
LITTLE CHALFONT	Little Chalfont Hall	Do.
LONG CRENDON	Old Court House	Do.
LOUDWATER	Recreation Hall	Do.
MARLOW	Public Library, Chapel Street	Weekly
MEDMENHAM (Voluntary)	R.A.F. Camp, Medmenham	Monthly
NAPHILL	Memorial Hall	Monthly
NEWPORT PAGNELL	73, High Street	Twice monthly
OLNEY	Church Hall, High Street	Twice monthly
PRESTWOOD	Village Hall	Monthly
PRINCES RISBOROUGH	Baptist Church Room, Bell Street	Twice monthly
QUAINTON	Memorial Hall	Monthly
RICHINGS PARK, IVER	St. Leonard's Church Hall	Do.

CHILD WELFARE CENTRES—continued.

NAME OF CENTRE.	SITUATE,	DOCTOR ATTENDS
ST. LEONARDS-CUM-CHOLESBURY	Village Hall, Cholesbury	Monthly.
SEER GREEN AND JORDANS	Baptist School Room, Seer Green	Do.
SLOUGH	Health Centre, Burlington Road	Weekly
SLOUGH, ST. MICHAEL'S	Slough Social Centre	Do.
SLOUGH, WEXHAM ROAD	Wexham Road Community Centre	Do.
STEEPLE CLAYDON	Library Hall	Monthly
STEWKLEY	Methodist Church School Room	Do.
STOKENCHURCH	Memorial Hall	Twice monthly
STOKE POGES	Village Hall	Monthly
STONE	Village Hall	Do.
STONY STRATFORD	Scout Hut	Twice monthly
THORNBOROUGH	Church Hall	Monthly
TINGEWICK	Old School Room	Do.
TWYFORD	Village Hall	Do.
TYLERS GREEN	Parish Room	Do.
WADDESDON	Village Hall	Do.
WENDOVER	Public Hall	Twice monthly
WHITCHURCH	Methodist Hall	Monthly
WING	Village Hall	Do.
WINGRAVE	Temperance Hall	Do.
WINSLOW	St. Lawrence Church Hall	Do.
WOBURN SANDS	Ellen Pettit Memorial Hall	Do.
WOLVERTON	Scouts Hall	Thrice monthly
WOOBURN GREEN	St. Mary's Church Hall	Monthly
WORMINGHALL	Social Hut, Ex-R.A.F. Camp	Do.
WRAYSBURY	Village Hall	Do.

MOBILE WELFARE CENTRE.

(Doctor attends each session).

MONTHLY SESSION.	VILLAGES VISITED.
First Monday afternoon	Stoke Goldington, Ravenstone, Filgrave.
Second Monday "	Willen, Woolstone, Woughton, Milton Keynes.
Fourth Monday "	Swanbourne, Mursley.
First Thursday "	Preston Bissett, Charndon, Calvert.
Second Thursday "	Stoke Hammond, Great Brickhill, Little Brickhill, Bow Brickhill.
First Friday morning	Sherington, Newton Blossomville.
" " afternoon	Hardmead, North Crawley.
Second " morning	Beachampton, Nash, Whaddon.
Second " afternoon	Shenley Brook End, Shenley Church End, Loughton.
Third " afternoon	Leckhampstead, Lillingstone Dayrell, Akeley.

(d) POPULATIONS, BIRTH AND MORTALITY RATES FOR THE YEAR 1952.

District.	Population Census 1951.	Registrar- Gen. Estimated Population Mid-1952.	Crude Birth Rate per 1,000 Population.	Crude Death Rate per 1,000 Population.	Tuberculosis Death Rate per 1,000 Population.	Infant Mortality Rate per 1,000 births.	Neo-natal Mortality Rate per 1,000 births.	Maternal Mortality per 1,000 live and still-births.
URBAN.								
Aylesbury	21,054	20,860	16.9 (352)	9.3 (193)	0.10 (2)	28.4 (10)	22.7 (8)	— (—)
Beaconsfield	7,909	7,984	15.3 (122)	10.8 (86)	0.25 (2)	82.0 (10)	49.2 (6)	— (—)
Bletchley	10,916	11,130	17.8 (198)	7.9 (88)	— (—)	40.4 (8)	30.3 (6)	4.93 (1)
Buckingham	3,944	3,991	13.8 (55)	14.0 (56)	0.25 (1)	18.2 (1)	— (—)	— (—)
Chesham	11,428	11,470	15.3 (175)	12.3 (141)	— (—)	17.1 (3)	11.4 (2)	— (—)
Eton	3,250	4,664	10.1 (47)	6.9 (32)	0.21 (1)	42.6 (2)	21.3 (1)	— (—)
High Wycombe	40,692	41,590	15.9 (661)	9.7 (403)	0.14 (6)	15.1 (10)	7.6 (5)	— (—)
Linslade	3,269	3,365	16.9 (57)	12.2 (41)	— (—)	35.1 (2)	35.1 (2)	— (—)
Marlow	6,480	6,524	16.7 (109)	10.1 (66)	— (—)	45.9 (5)	36.7 (4)	— (—)
Newport Pagnell	4,366	4,232	13.5 (57)	14.7 (62)	— (—)	35.1 (2)	35.1 (2)	— (—)
Slough	66,439	66,730	15.0 (1,003)	8.6 (571)	0.24 (16)	24.9 (25)	17.9 (18)	— (—)
Wolverton	13,421	13,460	11.9 (160)	14.5 (195)	0.15 (2)	12.5 (1)	6.2 (1)	— (—)
TOTAL URBAN	193,168	196,000	15.3 (2,996)	9.9 (1,934)	0.15 (30)	26.7 (80)	18.4 (55)	0.33 (1)
RURAL.								
Amersham	41,432	42,560	14.0 (596)	9.0 (384)	0.14 (6)	18.5 (11)	13.4 (8)	1.65 (1)
Aylesbury	29,543	30,940	15.7 (485)	8.9 (276)	0.06 (2)	26.8 (13)	20.6 (10)	2.04 (1)
Buckingham	9,422	10,270	15.9 (163)	7.4 (76)	— (—)	12.3 (2)	6.1 (1)	— (—)
Eton	43,120	43,870	14.6 (640)	10.3 (450)	0.23 (10)	28.1 (18)	21.9 (14)	1.53 (1)
Newport Pagnell	13,817	13,950	14.6 (204)	13.3 (186)	0.22 (3)	29.4 (6)	19.6 (4)	— (—)
Wing	9,042	8,921	17.3 (154)	11.3 (101)	0.34 (3)	19.5 (3)	19.5 (3)	— (—)
Winslow	7,268	7,509	14.9 (112)	13.1 (98)	0.13 (1)	17.9 (2)	17.9 (2)	— (—)
Wycombe	39,352	40,680	15.7 (639)	9.9 (402)	0.07 (3)	23.5 (15)	12.5 (8)	— (—)
TOTAL RURAL	192,996	198,700	15.1 (2,993)	9.9 (1,973)	0.14 (28)	23.4 (70)	16.7 (50)	0.99 (3)
TOTAL COUNTY	386,164	394,700	15.2 (5,989)	9.9 (3,907)	0.15 (58)	25.0 (150)	17.5 (105)	0.66 (4)
ENGLAND & WALES			15.3	11.3	0.24	27.6	—	0.72 (496)

NOTE:—In view of the small numbers on which some of the rates quoted are based, the actual numbers are given in parenthesis for the purpose of clearer comparison.

(c) COMPARATIVE TABLE OF BIRTH, DEATH AND INFANT MORTALITY RATES FOR TEN YEAR PERIOD, 1943-52.

YEAR.	BIRTH RATE per 1,000 population.				DEATH RATE per 1,000 population.				INFANT MORTALITY RATE per 1,000 births.			
	Urban.	Rural.	County.	England and Wales.	Urban.	Rural.	County.	England and Wales.	Urban.	Rural.	County.	England and Wales.
1943.....	16.8	15.7	16.3	16.5	9.8	11.1	10.5	12.1	37.1	35.2	36.2	49.0
1944.....	18.8	17.7	18.3	17.6	10.1	11.7	10.9	11.6	36.5	35.0	35.8	46.0
1945.....	16.9	16.1	16.5	16.1	10.4	11.6	11.0	11.4	32.1	33.7	32.9	46.0
1946.....	19.5	17.7	18.6	19.1	9.8	11.2	10.5	11.5	26.8	34.0	30.1	43.0
1947.....	20.7	19.4	20.1	20.5	10.8	11.9	11.3	12.0	30.7	30.8	30.8	41.0
1948.....	17.9	17.2	17.5	17.9	9.2	10.1	9.6	10.8	27.3	26.2	26.8	34.0
1949.....	17.0	16.8	16.9	16.7	9.9	11.1	10.5	11.7	20.2	24.9	22.5	32.0
1950.....	15.5	15.4	15.5	15.8	10.1	10.5	10.3	11.6	26.9	22.7	24.8	29.8
1951.....	15.2	15.0	15.1	15.5	10.3	11.3	10.8	12.5	26.4	22.8	24.6	29.6
1952.....	15.3	15.1	15.2	15.3	9.9	9.9	9.9	11.3	26.7	23.4	25.0	27.6

(f) CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE
COUNTY OF BUCKINGHAM, 1952.

		Aggregate of Urban Districts.									Aggregate of Rural Districts.									
CAUSES OF DEATH.	Sex	0-1	1-	5-	15-	25-	45-	65-	75-	TOTAL	0-1	1-	5-	15-	25-	45-	65-	75-	TOTAL	
ALL CAUSES	M	42	8	9	9	60	243	261	345	977	44	10	11	14	41	228	283	374	1005	
	F	38	8	4	9	34	176	220	468	957	26	7	4	7	37	167	228	492	968	
1-Tuberculosis, Respiratory ...	M	—	—	—	—	10	5	4	—	19	—	—	—	1	3	6	4	2	16	
	F	—	—	—	1	1	3	2	—	7	—	—	—	1	3	3	1	—	8	
2-Tuberculosis, Other	M	—	—	—	—	1	—	—	1	2	—	1	—	—	2	1	—	—	4	
	F	—	—	—	—	1	1	—	—	2	—	—	—	—	—	—	—	—	—	
3-Syphilitic Disease	M	—	—	—	—	—	1	2	—	3	—	—	—	—	—	1	2	1	4	
	F	—	—	—	—	—	2	1	—	3	—	—	—	—	—	—	1	1	2	
4-Diphtheria	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
5-Whooping Cough	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6-Meningococcal infections ...	M	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	
	F	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	
7-Acute Poliomyelitis	M	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	
	F	1	—	—	—	—	—	—	—	1	1	—	1	—	—	—	—	—	2	
8-Measles	M	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	
	F	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	
9-Other infective and parasitic diseases	M	1	—	—	—	—	2	—	1	4	—	—	—	—	—	—	1	1	2	
	F	—	1	—	—	—	—	—	2	3	—	—	—	—	—	1	—	—	1	
10-Malignant neoplasm, stomach	M	—	—	—	—	2	11	10	6	29	—	—	—	—	—	7	8	7	22	
	F	—	—	—	—	—	3	11	9	23	—	—	—	—	—	3	4	10	17	
11- „ „ lung, bronchus	M	—	—	—	—	1	27	16	7	51	—	—	—	—	1	26	23	2	52	
	F	—	—	—	—	—	1	2	3	6	—	—	—	—	—	5	7	3	15	
12- „ „ breast .	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	F	—	—	—	—	4	12	6	8	30	—	—	—	—	6	20	5	15	46	
13- „ „ uterus .	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	F	—	—	—	—	—	6	6	2	14	—	—	—	—	—	6	8	1	15	
14-Other Malignant and Lym- phatic Neoplasms	M	—	—	—	2	6	26	29	30	93	—	1	2	2	5	30	32	36	108	
	F	—	1	—	1	6	27	32	29	96	1	2	—	1	4	23	29	32	92	
15-Leukæmia, Aleukæmia ...	M	—	—	1	—	1	—	1	2	5	—	—	3	1	—	1	—	2	7	
	F	—	—	—	—	—	2	—	—	2	—	2	—	—	—	—	—	2	4	
16-Diabetes	M	—	—	—	—	—	—	1	—	1	—	—	—	1	1	—	2	—	4	
	F	—	—	—	—	—	4	3	2	9	—	—	—	—	—	1	2	4	7	
17-Vascular lesions of nervous system	M	—	—	—	—	2	24	30	66	122	—	—	—	—	3	24	44	61	132	
	F	—	—	—	2	2	33	46	94	177	—	—	—	—	—	27	48	100	175	
18-Coronary disease, Angina ...	M	—	—	—	—	5	53	53	43	154	—	—	—	—	2	37	52	37	128	
	F	—	—	—	—	—	20	35	45	100	—	—	—	—	1	15	34	54	104	
19-Hypertension with Heart disease	M	—	—	—	—	—	2	7	8	17	—	—	—	—	—	7	3	10	20	
	F	—	—	—	1	—	2	7	12	22	—	—	—	—	—	1	11	14	26	
20-Other heart disease	M	—	—	—	1	3	18	26	75	123	—	—	—	—	2	15	29	97	143	
	F	—	—	—	1	4	13	32	129	179	—	—	—	1	3	13	33	108	158	
21-Other circulatory disease ...	M	—	—	—	—	1	7	11	19	38	—	—	—	—	1	8	17	17	43	
	F	—	—	—	—	3	9	7	21	40	—	—	—	—	1	7	9	35	52	
22-Influenza	M	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	2	—	2	
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	—	4	
23-Pneumonia	M	3	1	1	—	1	7	5	15	33	5	1	—	1	1	7	6	27	48	
	F	2	1	1	—	2	2	8	43	59	1	—	—	—	1	7	5	24	38	
24-Bronchitis	M	—	1	—	—	1	18	26	31	77	2	1	—	—	—	8	15	18	44	
	F	—	—	—	—	—	4	5	18	27	—	1	—	—	—	2	6	22	31	
25-Other diseases of respiratory system	M	—	—	—	—	—	8	4	3	15	—	—	—	—	1	5	3	5	14	
	F	—	—	1	—	1	1	1	2	6	—	—	—	—	3	1	1	2	7	
26-Ulcer of Stomach and Duo- denum	M	—	—	—	1	1	3	1	3	9	—	—	—	—	1	7	9	8	25	
	F	—	—	—	—	—	4	3	3	10	—	—	—	—	—	2	—	6	8	
27-Gastritis, Enteritis, Diarrhœa	M	—	—	—	—	1	1	2	—	4	—	1	1	—	—	—	—	2	4	
	F	—	—	—	—	—	2	—	3	5	1	—	—	—	—	1	1	4	7	
28-Nephritis and Nephrosis ...	M	—	—	1	1	—	3	1	5	11	—	1	—	—	3	3	—	3	10	
	F	—	—	—	—	1	4	—	2	7	—	—	—	—	—	5	1	6	12	
29-Hyperplasia of prostate ...	M	—	—	—	—	—	—	7	11	18	—	—	—	—	—	—	6	8	14	
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
30-Pregnancy, Childbirth, Abor- tion	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	F	—	—	—	1	—	—	—	—	1	—	—	—	—	3	—	—	—	3	
31-Congenital Malformations ...	M	7	—	—	1	1	1	—	—	10	7	1	—	—	—	—	—	—	8	
	F	8	2	—	1	—	—	—	—	12	8	1	1	—	1	1	—	—	12	
32-Other defined and ill-defined diseases	M	25	2	2	—	6	18	16	15	84	26	2	2	—	5	21	22	26	104	
	F	25	1	2	—	7	16	11	31	93	11	1	2	1	7	12	16	34	84	
33-Motor vehicle accidents ...	M	—	1	1	2	7	1	3	—	15	—	—	1	6	3	4	1	—	15	
	F	—	—	—	1	—	—	1	2	4	—	—	—	2	—	3	2	—	7	
34-All other accidents	M	4	3	3	1	5	3	4	3	26	3	1	2	2	4	4	2	4	22	
	F	2	1	—	—	—	1	—	7	11	2	—	—	1	3	—	2	15	23	
35-Suicide	M	—	—	—	—	2	3	1	1	7	—	—	—	—	3	5	—	—	8	
	F	—	—	—	—	1	3	1	1	6	—	—	—	—	1	6	—	—	7	
36-Homicide and operations of war	M	—	—	—	—	3	1	—	—	4	—	—	—	—	—	1	—	—	1	
	F	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	

(g) SUMMARY OF NOTIFICATIONS OF INFECTIOUS DISEASES RECEIVED DURING THE YEAR 1952.

DISTRICT.	Tuber- culosis		Scarlet Fever	Whooping Cough	Diphtheria	Measles	Acute Pneumonia	Meningococcal Infections	Acute Poliomye- litis		Acute Enceph- litis		Dysentery	Ophthalmia neonatorum	Puerperal Pyrexia	Smallpox	Para-typhoid Fever	Typhoid Fever	Food poisoning	Erysipelas	Malaria
	Respiratory	Other							Paralytic	Non- paralytic	Infective	Post- infectious									
URBAN.																					
1. Aylesbury	12	4	31	2		70	4		15	2			18		38		1		1	2	
2. Beaconsfield	4		9	13		27		1													
3. Bletchley	3	2	4			103			1	2									22		
4. Buckingham	3	2				5									1						
5. Chesham	9		3			35			1												
6. Eton	3		6	13		102			2	2					1					3	
7. High Wycombe	42	3	31	6		53	11		4	2				1					1	9	
8. Linslade	4	3	4	3		45	12		1	2										1	
9. Marlow	4		2	13		10	2	1		1					1				2		
11. Slough	2	1		4		8									8					2	
10. Newport Pagnell	72	10	111	100		752	32	1	9	11		1	3		26		1		1	15	1
12. Wolverton	3	3	43	71		399	8													1	
Total Urban ...	161	28	244	225		1609	69	3	33	22	—	1	21	1	75		2		27	33	1
RURAL.																					
1. Amersham	30	3	32	44		173	10		9	5			3		16				3	2	
2. Aylesbury	21	4	34	1		107	10		10				12	1	3	1					1
3. Buckingham	4	1	4	3		31	4						6								
4. Eton	36	6	81	23		447	17	3	9	3				1	60				1	5	
5. Newport Pagnell	11	1	13	6		84	1			1									1	1	
6. Wing	8	3	18	5		59	6		1				1						2	1	
7. Winslow	3	2	5	1		57	3														
8. Wycombe	20	5	42	14	1	279	17	2	5	6				2	1				2	6	
Total Rural ...	133	25	229	97	1	1237	68	5	34	15	—		22	4	80				9	15	1
Total for County ...	294	53	473	322	1	2846	137	8	67	37	—	1	43	5	155		2		36	48	2

(h) MATERNITY AND CHILD WELFARE DENTAL WORK, 1952.

Numbers provided with dental care:—

	Examined.	Needing treatment.	Treated.	Made Dentally Fit.
Expectant and Nursing Mothers	2	2	3	3
Children under five	43	42	42	38

Forms of dental treatment provided:—

	Extractions.	Anaesthetics.		Fillings.	Scalings or Scaling and gum treatment	Silver Nitrate treatment	Dressings.	Radio-graphs.	Dentures provided.	
		Local.	General.						Complete.	Partial.
Expectant and Nursing mothers	44	4	2	2	13	—	—	—	1	1
Children under five	65	40	1	23	—	39	—	—	—	—

(i) AMBULANCE SERVICE.

Statistics for year ending 31st March, 1953.

	Agency Service.			Hospital Car Service.
	Ambulance.	Sitting-Case Cars.	Total.	Sitting-Case Cars.
No. of patients carried	49,707	29,332	79,039	28,315
No. of Journeys	25,041	9,056	34,097	19,262
Total Mileage	536,276	320,105	856,381	542,260
No. of Vehicles	31	15*	46	—
No. of whole-time operational staff ...	—	—	54	—
No. of patients carried per 1,000 population	126	74	200	72
No. of journeys per 1,000 population ...	63	23	86	49

*Includes two coaches.

